

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-031695A
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>Injection</u>	2. NAME OF OPERATOR <u>Conoco Inc.</u>	3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Holly NM 88240</u>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit letter E 1980' FNL + 660' FWL</u>	5. PERMIT NO. <u>30-025-07864</u>	6. ELEVATIONS (Show whether DF, RT, GR, etc.)	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME <u>Yemu Permian</u>	9. WELL NO. <u>#26</u>	10. FIELD AND POOL, OR WILDCAT <u>Skaggs Grayburg</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30, T20S, R38E</u>	12. COUNTY OR PARISH <u>Yema</u>	13. STATE <u>NM</u>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) <u>Temporary Abandon</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

2/2/90 milk Clean-out to 3708'. Pressure up to 500# for 15 minutes. Held. See attached chart.

T.A.W.I.W.

18. I hereby certify that the foregoing is true and correct

SIGNED H.A. Ingram

TITLE Preservation Coordinator

DATE 3/29/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 4-17-90

Subject to
Like Approval
by O&G

*See Instructions on Reverse Side

RECEIVED

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