

**UNIT STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**SUNDRY NOTICES AND REPORTS ON WELLS**

(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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u></p> <p>2. NAME OF OPERATOR <b>CONOCO INC.</b></p> <p>3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, N.M. 88240</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit H</u></p> <p>14. PERMIT NO. <u>1980' FNL &amp; 660' FEL</u> <u>30-025-08281</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC-069515</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>North El Mar Unit</u></p> <p>9. WELL NO. <u>16</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25-26S-32E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u></p> <p>13. STATE <u>NM</u></p>
<p>15. ELEVATIONS (Show whether OF, RT, GR, etc.)</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>temporary abandon</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

- ① MIRU. POOH w/ tbg & pkr. Ran scraper to 4664'. set CIBP @ 4600'.
- ② Test CIBP to 1000 psi & csg to 575 psi, held OK.
- ③ Circ. pkr fluid. Rig down on 11-22-86.

I hereby certify that the foregoing is true and correct

SIGNED: [Signature] **DE FINNEY** TITLE: Administrative Supervisor DATE: 3-6-87

FOR COUNTY OR STATE OFFICE USE:

APPROVED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

COPIES OF APPROVAL, IF ANY:

\*See instructions on Reverse Side

RECEIVED  
MAR 17 1987  
OCD  
HOBBS OFFICE