

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruct on re-
verse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

0300241600

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

81015 & 87510 - Nat. M

AUG 22 '89

14. PERMIT NO.

30015-2531

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3330' GR

O. C. D.
ARTESIA, OFFICE

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

6/26/89 WIT to 1309', tag CIBP PU to 1305', RU Western, pmpd 24 Bbls 12ppg mud followed by 5x5 class "H" cmt. displ. w/15 Bbls 10ppg mud. Filled up hole to 450' pumped 13 5x5 class "H" cmt. displ.

w/15 Bbls 10ppg mud, P.U. to 55' pumped 12 5x5. Class "H" cmt. to surface. Circ. good cmt. to surf.

6/27/89 cut off wellhead & installed P & A marker.

Post ID-2
8-25-89
P & A

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

SIGNED

W. W. Baker

TITLE

Administrative Supervisor

DATE

August 9, 1989

(This space for Federal or State office use)

(ORIG. SCD) DAVID R. GLASS

APPROVED BY

For

CHIEF, MINERAL RESOURCES

DATE

8-18-89

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of well in Long.
Liability on this well is not lifted until
surface restoration is completed.

*See Instructions on Reverse Side