

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
AGREEMENT NO. 88210

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

45K

5. LEASE DESIGNATION AND SERIAL NO.

NM-27801

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, N.M. 88240

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

14. PERMIT NO.

30-015-25511

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

1400' FNL & 990' FWL

RECEIVED BY

AUG 20 1986

O. C. D.

ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tuesday A Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Undesignated Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3-205-29E

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

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

change well name

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐
☐

(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 Please be advised that the subject well was not completed in communitized zones, therefore Com is not required in the well name

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

SIGNED

TITLE

Administrative Supervisor

DATE

7-28-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

8-19-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RI m - (Arbshad) (6) Meridian (6) Fire

Post ID-3
8-22-86

chg well name