

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other Instructio
verse side)

Form approved
Budget Bureau No. 1004-0, 1
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.)

1. OIL WELL GAS WELL OTHER *injection*

2. NAME OF OPERATOR *Conoco Inc.*

3. ADDRESS OF OPERATOR *P.O. Box 460 - Hobbs, NM 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface *unit K*
1980' FSL + 1980' FWL

5. LEASE DESIGNATION AND SERIAL NO. *LC-030143A*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME *Red Sanderson Unit*

8. FARM OR LEASE NAME

9. WELL NO. *#10*

10. FIELD AND POOL OR WILDCAT *Emergent Water Truss Area*

11. SEC., T., R., &/4, OR B.L.K. AND SURVEY OR AREA *37-205 R36E*

12. COUNTY OR PARISH *Lea* 13. STATE *NM*

14. PERMIT NO. *30-025-04181* 15. ELEVATIONS (Show whether DF, RT, GR, etc.) *3616' MSL*

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) <input type="checkbox"/>	

(Other) *Clean-out, perf and acidize*

(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.)*

See attached procedure.

OCT 31 11 25 AM '89
RECEIVED

Adm

18. I hereby certify that the foregoing is true and correct
SIGNED *W. W. Baker* TITLE *Administrative Supervisor* DATE *Oct. 26, 1989*
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side