

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Meyer B-4
3. ADDRESS OF OPERATOR P.O. Box 400, Hobbs, N.M. 88240	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface Unit F 5940' S 1980' FNL E 1980' FWL	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
14. PERMIT NO. 30-025-04572	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-215-36 E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to useable wellbore	

(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 on 2-24-86, TFF @ 3836'
- ② Clean out to 3860', set RBP @ 3740'. Tested csg to 500# for 30min. Chevron witnessed test.
- ③ Rel RBP & POOH. Rig down on 2-25-86. This well will go into Chevron's Eunice Monument South Unit.

ACCEPTED FOR RECORD

Guo
MAR 7 1986

CARLSBAD, N.M. MEXICO

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

SIGNED *Kevin H. Boyl* TITLE Administrative Supervisor DATE 3-3-86
(This space for Federal or State office use)

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

*See Instructions on Reverse Side