

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-06362</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER <u>Injection</u>	7. Lease Name or Unit Agreement Name <u>Anderson Ranch Unit</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Well No. <u>DC-6</u>
3. Address of Operator <u>10 Dosta Drive West Midland, TX 79705</u>	9. Pool name or Wildcat <u>Anderson Ranch Wellcamp</u>
4. Well Location Unit Letter <u>X</u> : <u>6600</u> Feet From The <u>S</u> Line and <u>6600</u> Feet From The <u>E</u> Line Section <u>2</u> Township <u>16S</u> Range <u>32E</u> NMMP <u>20A</u> County _____	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4281' GL</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The following procedure is recommended to plug & abandon Anderson Ranch Unit #6-

- 1) spot a 17 sack cement plug across intermediate casing shoe from 3860' - 3960' * 205 min plug
- 2) spot a 17 sack cement plug across top of salt from 1348' - 1400'
- 3) perforate at 590' & Circulate 180 sacks cement to surface up 7" x 9 5/8" annulus.
- 4) pump 168 sacks down 9 5/8" x 13 3/8" annulus

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rush Craig for J. Wason TITLE Administrative Supervisor DATE 7-27-90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL FILED IN OIL CONSERVATION DIVISION

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG - 1 1990

THIS DOCUMENT MUST BE NOTED 24
HOURS AFTER THE DATE OF
ISSUANCE TO THE DISTRICT OFFICE