

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Latest Bureau Notice
Expires August 31, 1988

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.)

OIL ☐ GAS ☐
WELL WELL OTHER

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

See Item #17 below

14. PERMIT NO.

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

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANE ☐

"Puddle Pack" ☒

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

"Puddle Pack" operations will be performed on the following producing wells beginning August 15, 1989.

1. MCA UNIT No. 85; LC-058395; Sec. 22, T17S, R32E; 660' FSL & 1980' FEL

2. MCA UNIT No. 120; LC-05721; Sec. 27, T17S, R32E; 660' FNL & 1980' FWL

3. MCA UNIT No. 122; LC-05721; Sec. 27, T17S, R32E; 660' FNL & 660' FEL

4. MCA UNIT No. 182; LC-05721; Sec. 27, T17S, R32E; 2615' FSL & 2570' FEL

5. MCA UNIT No. 186; LC-05721; Sec. 27, T17S, R32E; 1980' FSL & 660' FEL

For further technical information please contact Barry Schneider at 397-5893.
18. I hereby certify that the foregoing is true and correct

SIGNED W.W. Baker

W.W. Baker

TITLE Administrative Supervisor

DATE July 11, 1989

(This space for Federal or State office use)

APPROVED BY [Signature]

FOR: [Signature]

CONDITIONS OF APPROVAL, IF ANY:

DATE 7-31-89

*See Instructions on Reverse Side