

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Budget Bureau No. 4004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-0590010

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 Injection Well
2. NAME OF OPERATOR Coroco 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 660 NW 1950/E
Unit letter B

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

14. PERMIT NO.

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

30-025-COB0000

Sec. 33, T17S, R32E

Lea

NM

16. 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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

8-21-87 MURU. CO CH. Tst. csg. above 3750' to 2000 psi -
held. Ran caliper from 4135' - 3800'. Plug back
OH w/pea gravel to 3932'. Sg zd 4-1/2" csg
Shoe w/130 sx. DO cmt + ran fiberglass
liner. TOL @ 3523'. Cmt w/150 sx. CO to
4135'. Ran CBL + perfed 3700' - 4072'. Return
well to injection. RDINO. Work completed 9-22-89

EB

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

SIGNED

W. L. Baker

W. L. Baker

TITLE

Administrative Supervisor

DATE

July 17, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 3 1989

**OCD
HOBBS OFFICE**