

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

RECEIVED BUREAU OF LAND MANAGEMENT
INDICES AUGUST 31, 1985

LEASE DESIGNATION AND SERIAL NO.
LC-058697B

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

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 D 660' FNL + 660' FWL

14. PERMIT NO.
30-025-0156

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

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 COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Repair Communications

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 pertinent to this work.) *

3/28 MIRU. NDWH. NUBOP. POOH w/ 126 jts tbg. WIH w/ on-off tool
& 125 jts new 2 3/8" IPC tbg. Circ. pki. fluid. NUBOP. NDWH
Test csg. to 500 # for 15 min. Held. See attached chart.
Return to injection.

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

SIGNED

H.A. Ingram

TITLE Conservation Coordinator

DATE 4/4/90

(This space for Federal or State office use)

APPROVED BY

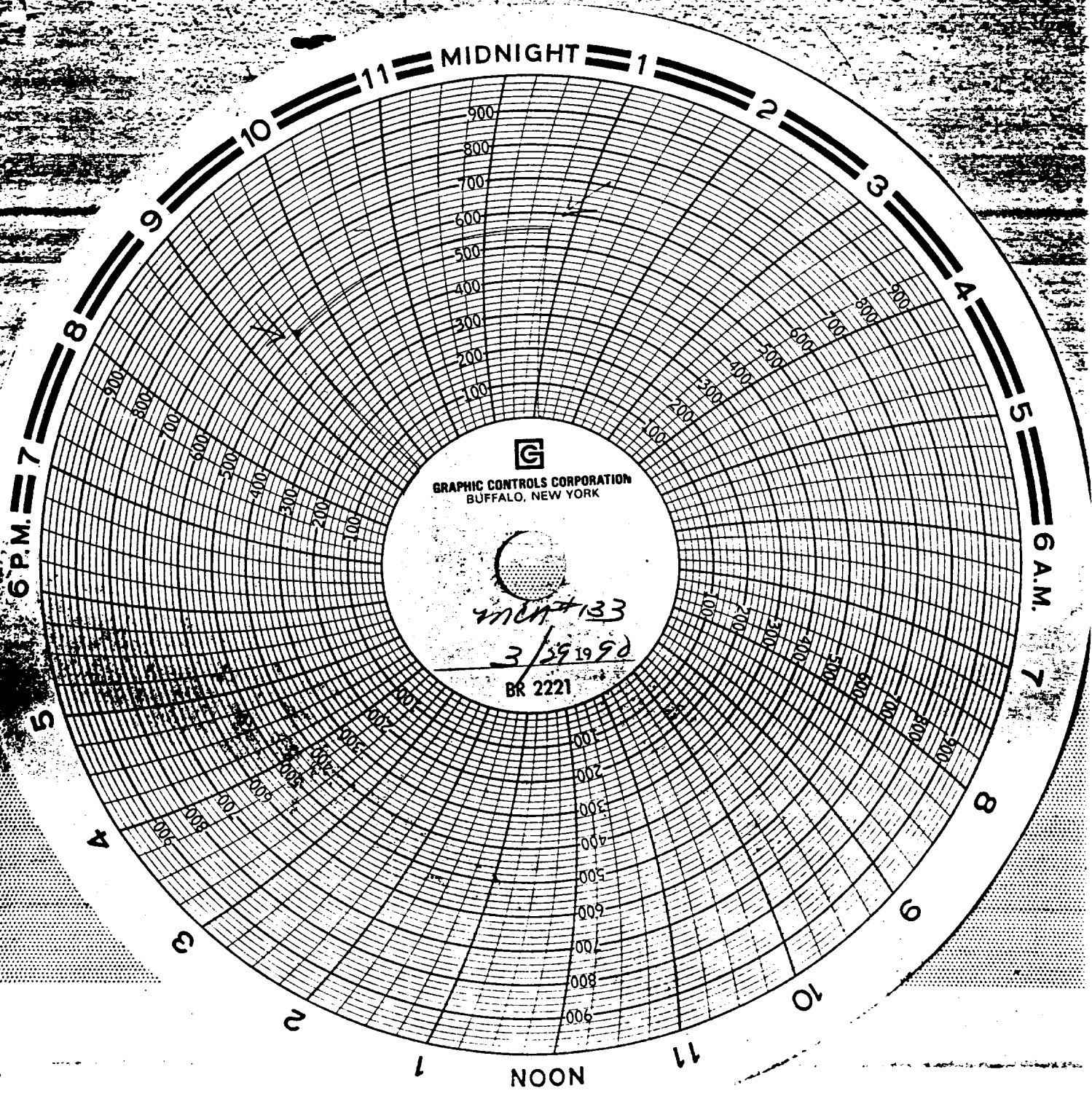
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FOR RECORD ONLY

*See Instructions on Reverse Side



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

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