Form 3160-5
(November 1983)
(Formerly 9-331)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM-00115C

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Conoco Inc.

8. FARM OR LEASE NAME: Reed A-3

3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs NM 88240

9. WELL NO.: #1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit letter A 660'N & E

10. FIELD AND POOL, OR WILDCAT: Eunice Monument (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 3, T20S, R36E

14. PERMIT NO.: 30-025-01474

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

12. COUNTY OR PARISH: Lea | 13. STATE: NM

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) Temporary Abandon | | | [X] |
| (Other) | | | | (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.)*

9-13-89 Set CIBP @ 3830'. Circ. pkr. fluid. Set pkr. @ 3749' and test CIBP and liner to 500 psi for 15 min. No leaks. Chart attached. T.A.

RECEIVED
OCT 2 9 05 AM '89

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10/1/90

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

SIGNED W. W. Baker W. W. Baker TITLE Administrative Supervisor DATE Sept. 26, 1989

(This space for Federal or State office use)

APPROVED BY Adam Salameh TITLE _____ DATE 10/4/89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side