

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

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 ☒ <u>Injection Well</u>	7. UNIT AGREEMENT NAME <u>NMFU</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>Reed Sanderson Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>6</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>Unit E</u>	10. FIELD AND POOL, OR WILDCAT <u>Eumont Yates 7 Rvrs Queen</u>
14. PERMIT NO. <u>30-025-04180</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 3-205-36E</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>1980' FNL & 660' FWL</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

acidize ☒

(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.) *

- ① MIRU on 10/23/85
- ② Set 3623' & acidized perfs from 3924'-3993' w/32 bbls 15% HCL w/ 2% Xylene; flush w/16 bbls TFW
- ③ Return to injection; rigged down on 10/23/85

ACCEPTED FOR RECORD

MSD
JAN 13 1986

CAPISPA 15 1986

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 1-8-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

JAN 14 1986

U.S.D.
HOLDS OFFICE