

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instruction
reverse side)

Form 3100-5, 100-100-1
Revised August 31, 1988
LEASE DESIGNATION AND SERIAL NO.
LC-030143A
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 APR 5 10 25 AM '90

2. NAME OF OPERATOR Conoco Inc. CALL AREA

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

1980' FSL & 1980' FWL Unit K

14. PERMIT NO. 30-025-04181

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

7. UNIT AGREEMENT NAME
Reed Sanderson Unit

8. FARM OR LEASE NAME

9. WELL NO.
#10

10. FIELD AND POOL, OR WILDCAT
Eumont Yates 7 Rurs Queen

11. SEC. T., R., & OR BLK. AND
SURVEY OR ALMA

Sec. 3, T20S, R36E

12. COUNTY OR PARISH 13. STATE
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 COMPLETE ☐

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 pertinent to this work.)

The injection packer in this well was set approximately 200' above the top perfs. because a casing inspection log run during this remedial indicated corroded casing below 3630'. A subsequent injection profile indicated that no water was being lost outside the unitized interval. The inj. pks in this well has always been set above 3630' and we wish to continue this procedure to ensure a good packer seat is obtained.

ACCEPTED FOR RECORD
As

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/3/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

APR 18 1990

CCB
HOBBS OFFICE