

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(other instruction
reverse side)

Revised Through No. 1 (1-84)
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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-030143A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Reed Sanderson Unit

8. FARM OR LEASE NAME

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Eumont Gates 7 Area Queen

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

Sec. 3, T205, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

1980' FSL & 660' FWL

14. PERMIT NO.

30-025-04182

15. ELEVATIONS (Show whether OF, RT, GR, 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) Clean-out, add ports & acidize ☒

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.)*

MIRU NUBDP. Perf. w/2 JSPF @ 3774-80, 3787-3800, 3816-3826, 3836-3848, 3856-3868,
and perf w/4 JSPF @ 3884-3900. Acidize w/120 Bbls of 15% HCL-NE-FE,
plus 5% Xylene in 4 stages diverted w/900 lbs of rock salt. Swab
Ret. to production.

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

SIGNED

Mike Zimmerman W. Baker

TITLE

Administrative Sup'r

DATE

11-15-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-17-89

*See Instructions on Reverse Side