

Form 100-1
November 1981
Formerly 100-1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPLICATE
(Other instructions on reverse side)

RECEIVED
August 31, 1989
LEASE DESIGNATION AND SERIAL NO.

LC-030143A

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 ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 410 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

660' FSL + 1980' FWL

14. PERMIT NO.

30-025-0A183

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

3611' MSL

7. UNIT AGREEMENT NAME

Red Sanderson Unit

8. FARM OR LEASE NAME

9. WELL NO.

#13

10. FIELD AND POOL, OR WILDCAT

Eumont Water Truss. Queen

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

Sec. 3 T-20S R-36E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)*

We propose to clean-out, add perfs and acidize.
Summary of proposed work

1. Clean-out to PBTD
2. Add perforations in zones Q1 and Q2.
3. Acidize
4. Return to production

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

SIGNED Maxine Simpson W.W. Baker

TITLE Administrative Supervisor

DATE Dec. 28, 1989

(This space for Federal or State office use)

Orig. Signed by Adam Sanderson

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

PETROLEUM

DATE

1-5-90

*See Instructions on Reverse Side