

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on reverse side)

BLM Form No. 1100-1
Replaces August 11, 1983
5. LEASE DESIGNATION AND SERIAL NO.
891008822 LC031622-8
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <u>Reed Sanderson Unit</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>#7</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FNL & 660' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Eumont Yates 7 River Green</u>
14. PERMIT NO. <u>30-025-04188</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 4, T20S, R36E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3636' DF</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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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.)

10/23/89 Set CIBP @ 3856'. Circ. clean w/10# brine. Pump 25 sxs. Class "C" cement. Spotted 10 sxs. Class "C" plug from 1501' to 1405'. Spotted 12 sxs. Class "C" cement from 394' to 278'. Perf. @ 234', est. circ. and pumped 60 sxs. Class "C" cement w/ good returns up surface csg. Installed P & A marker & restore location.

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

SIGNED W. W. Baker TITLE Administrative Supervisor DATE 1-9-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-18-90

CONDITIONS OF APPROVAL, IF ANY: _____

Approved by _____
Licensed _____
Surface record _____

*See Instructions on Reverse Side