

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions,
verse side)

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>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-C31622(B)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>NMFU</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit A</u>	8. FARM OR LEASE NAME <u>Reed Sanderson Unit</u>
14. PERMIT NO. <u>660' FNL & 660' FEL</u> <u>30-C25-04196</u>	9. WELL NO. <u>16</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Current 40' & 7' Reservoir</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 9-205-36E</u>
	12. COUNTY OR PARISH 13. STATE <u>Lea 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) clean out & acidize

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.) *

- ① MIRU on 11/5/85 and POOH w/ 4bg & pkr
- ② Clean out from 3065' to 4030'
- ③ Set pkr @ 3682' & acidized w/ 35 bbls 15% HCL acid w/ 2% Xylene; flush w/ 20 bbls TFW. Circ. pkr fluid
- ④ Rig down on 11/7/85 and return to injection

ACCEPTED FOR RECORD

[Signature]

JAN 13 1986

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

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

O.C.D.
HOOBS OFFICE