

UN I'D STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
Other instructions on re-

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>Sanderson A</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, NM 88240</i>	9. WELL NO. <i>8</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit B</i> <i>330' 3NW 1650' 3EW</i>	10. FIELD AND POOL, OR WILDCAT <i>Enice-Monument G-SA</i>
14. PERMIT NO. <i>30-025-04262</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 14, T 20S, R 36E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3571' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		☐

(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. MARK. Work started 11-26-86, Clean out to 3864'. Spot 4 blbs acid 3853' - 3650'. Perf 3690' - 96', 3710' - 14', 3765' - 69', 3792' - 94', 3829' - 32', 3852' - 56'.
2. Set pkv @ 3618'. Swab. Chemical inhibit well. POOH w/pk. Well w/prod thg. Rig down.
3. Work Completed 12-3-86, test 69 BO, 103 BW + 87 NCF on 12-29-86.

ACCEPTED FOR RECORD

MAR 15 1987

Jur
CARLSBAD, NEW MEXICO

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

SIGNED *John Henry D. Finney* TITLE *Administrative Supervisor* DATE *March 6, 1987*

(This space for Federal or State/office use)

APPROVED BY _____ TITLE _____ DATE _____

REMARKS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

RECEIVED

MAR 19 1987

OCU
HOBBS OFFICE