

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Conoco Inc

3. Address and Telephone No.

10 Dista Dr - Midland, TX 686-6553

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 660 FWL

Unit letter M, Sect. 23, T20S, R36E

5. Lease Designation and Serial No.
LC-030143B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Reed B no. 9

9. API Well No.

30-025-04302

10. Field and Pool, or Exploratory Area

Eumont Gates TRvs. Queen

11. County or Parish, State

Lea

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Casing integrity
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recore Action Report and Log form.)

13. 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.)*

12-5-90 Set pkr at 3850 & pres tst csg to 520 # for 15 min - HELD.
Turn well over to Chemon

ACCEPTED FOR RECORD

MAR 28 1991

CARLSBAD, NEW MEXICO

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

Signed Janette Nelson Title Analyst - Oil Production

Date 3-14-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____