Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO: LC-031621B

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 [XX] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Conoco Inc.

8. FARM OR LEASE NAME: Britt - B

3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs, NM 88240

9. WELL NO.: No. 4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990' FSL & 330' FWL

10. FIELD AND POOL, OR WILDCAT: Eunice Monument (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 15, T20S R37E

14. PERMIT NO.: API 30-025-06103~~00~~

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3553' DF

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[XX]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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. MIRU. ND wellhead and NU BOP
2. Pump cement plug in open hole. 23 sx from 3853' to 3600'. TAG (SJS) Load and circ. hole w/ 90 bbls mud. WOC.
3. Perf 5-1/2" casing @ 1273'. Pump 23 bbls mud. Pump 25 sx cement to spot a plug from 1275' to 1175'. TAG (SJS)
4. Perf 5-1/2" casing @ 250'. Pump 10 bbls mud. Pump 45 sx cement to set surface plug in 5-1/2" casing.
5. ND Bop and cut off all casing strings at the base of the cellar. Erect an abandonment marker.

For further technical information contact Neal Hoover at 397-5858.

RECEIVED

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

SIGNED W.W. Baker TITLE Administrative Supervisor DATE July 22, 1989

(This space for Federal or State office use)

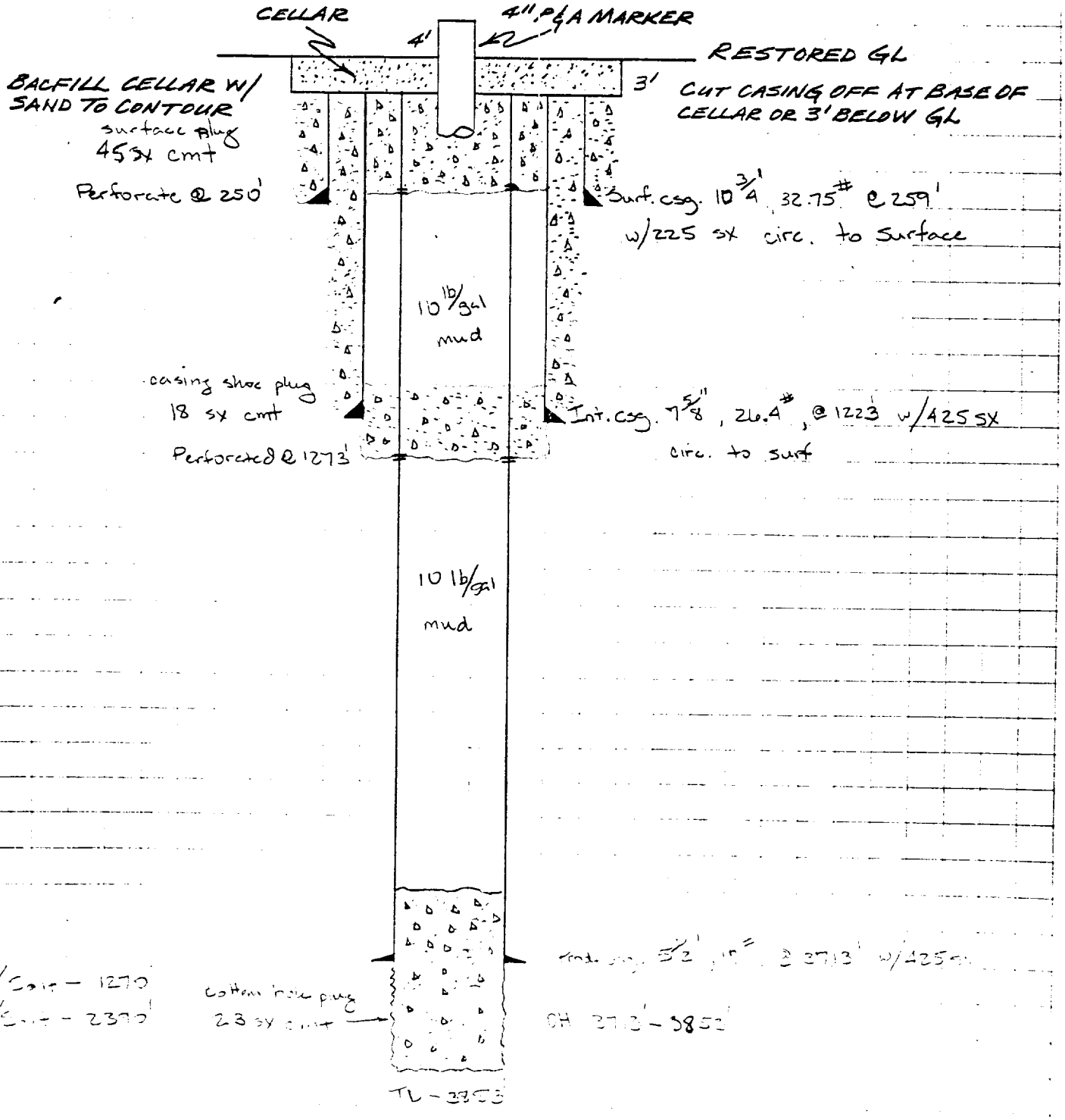
APPROVED BY [signature] FOR: CHIEF, MINERAL RESOURCES
CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE 8-15-89

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BRITT B # 4

Elevation: 3553' DF
Location: 990' FSL & 330' FNL
Unit M, Sec 15, T-20S, R-37E



Proposed P + A

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

RECEIVED
MAR 28 11 53 AM '89
CARLSBAD, NEW MEXICO

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 [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990' FSL & 330' FWL - Unit Letter M.

5. LEASE DESIGNATION AND SERIAL NO.
LC-031621B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Buell B

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Eunice Monument G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-20S-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.
30-025-06103

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Test Csg Integrity & Temp Abandon			[X]	(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. MIRU. NU BOPs and test.

2. POOH laying down with rods, pump, and tubing (if applicable).

3. PU scraper for production casing and 2-7/8" workstring. RIH to the top of the production interval (top perf or bottom of casing in an open-hole). POOH.

4. PU CIBP for production casing and RIH on workstring. Set CIBP approximately 100' above the top perf or production casing shoe. Pull-up 10', circulate out wellbore fluids or gasses with water, and pressure test casing and CIBP to 500 psi for 15 minutes with pressure loss not to exceed 10%.

   A. If test fails contact Engineering for recommendations.

   B. If the casing and CIBP hold pressure:
      1. Spot 50' of cement on top of CIBP.
      2. Pull tubing up above TOC and circulate the hole full of packer fluid.
      3. POOH laying down workstring.

5. ND BOPs. Land 1 jt of tubing in the wellhead. Bull-plug all exposed ends of tubing and flowlines. RDMO.

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

SIGNED Tom DiFuntz TITLE Administrative Supervisor DATE March 21, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-5-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlsbad(3) NMOCD(2) [illegible]