

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-  
(Other instruction, see re-  
verse side)

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

RECEIVED

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"/>	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 1980' FSL 1530' FWH Unit Letter K	5. LEASE DESIGNATION AND SERIAL NO. LC-031621B	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Burr B	9. WELL NO. 5	10. FIELD AND POOL, OR WILDCAT Eunice Monument GSA	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. 30-025-06104	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Test Csg Integrity & Temp Monitor	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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. MURU. 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%.
5. If test fails contact Engineering for recommendations.
6. 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.
7. MD 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 [Signature] OF Finney

TITLE Administrative Supervisor

DATE March 21, 1989

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE \_\_\_\_\_

DATE 4-5-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side