

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-031621B
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 ☒ GAS WELL ☐ OTHER ☐ APR 9 9 01 AM '90

2. NAME OF OPERATOR *Conoco Inc.*

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit F

14. PERMIT NO. *30-025-06105*

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME *Butt B*

9. WELL NO. *#6*

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

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

12. COUNTY OR PARISH *Dea*

13. STATE *NM*

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) *Temporarily Abandoned*

(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.)

Attempted to recomplete this well to the Penrose, Yates + 7 Rvs. formations as a Eunice Gas well. Zones proved uneconomical, therefore we have temporarily abandoned this well pending approval of P+T procedures.

Well was T+T'd as follows:

6 1/4" w/ 5 1/2" CIBP + 2 7/8" tbg., set CIBP @ 2570 + test to 500# for 15 min. Circulate packer fluid. See attached chart.

ACCEPTED FOR RECORD

APR 16 1990

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/3/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4/26/90

APPROVED FOR 12 MONTH PERIOD

ENDING

4/30/90

*See Instructions on Reverse Side

