

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 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. #7 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1530' FWL Unit N | 10. FIELD AND POOL, OR WILDCAT Eunice Monument-(G-SA) |
| 14. PERMIT NO. 30-025-06106 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T20S, R37E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3549' GL | 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:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input 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) <input type="checkbox"/> | |

(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.)

- MIRU ND wellhead and NU BOP.
- Spot cement plug on top of CIPB. Load and circ. hole w/90 bbls. mud. Spot 25 sx cement on CIBP.
- Spot cement plug across intermediate casing shoe, from 1190' to 1290'
- Set surface plug in production casing. Pump 25 sx cement to circ. hole and set surface plug.
- ND BOP and cut off all casing strings at the base of the cellar or 3' below the final restored ground level.

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

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

SIGNED W.W. BAKER TITLE Administrative Supervisor DATE July 26, 1989

(This space for Federal or State office use)
Orig. Signed by Shannon J. Shaw

APPROVED BY PETROLEUM ENGINEER DATE 10-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side