

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                 | 7. UNIT AGREEMENT NAME                                                           |
| 2. NAME OF OPERATOR<br><i>Conoco Inc.</i>                                                                                                        | 8. FARM OR LEASE NAME<br><i>Brett B-18</i>                                       |
| 3. ADDRESS OF OPERATOR<br><i>P.O. Box 460, Hobbs, N.M. 88240</i>                                                                                 | 9. WELL NO.<br><i>5</i>                                                          |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br><i>Unit letter E</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>Eunice Monument GSA</i>                     |
| 14. PERMIT NO.<br><i>660' FWL + 1980' FNL</i><br><i>30-025-06156</i>                                                                             | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>Sec. 18, T-20S, R-37E</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                   | 12. COUNTY OR PARISH<br><i>Lea</i>                                               |
|                                                                                                                                                  | 13. STATE<br><i>N.M.</i>                                                         |

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 type="checkbox"/> |
| REPAIR WELL                    | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other) <i>Re: 3163 (067A)</i> |                          |                      |                          |

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 and 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.)

*A casing integrity test was run 4-29-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.*

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

SIGNED *W. W. Baker*

TITLE *Admin. Supervisor*

DATE *6-22-89*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12

7/10/96

\*See Instructions on Reverse Side

SJS

RECEIVED