

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

UNITED STATES
August 31, 1989
LEASE DESIGNATION AND SERIAL NO.
LC-031620A
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 ☐	7. UNIT AGREEMENT NAME <u>SEMU</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>SEMU FERMIAN</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>#29</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FNL + 660' FEL</u> <u>Unit H</u>	10. FIELD AND POOL, OR WILDCAT <u>Staggs Grayburg</u>
14. PERMIT NO. <u>30-025-06250</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24 T. 20S. R. 37E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3541' G.L.</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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)			

(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.)

8/4/89 (P.O. to 3889. Acidize open hole (3889-3889) as follows:
pump 25 Bbl gel w/rock salt, 35 Bbl 15% HCl-NE-FE
acid w/5% Techni-Wet 425, more rock salt, 35 Bbl 15% HCl-NE-FE
acid. Run prod. equip
9/7/89 Run prod. logs.

RECEIVED
SEP 21 11 50 AM '89
OAR
AREA

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supr. DATE Sept. 19, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Adm

*See Instructions on Reverse Side