

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other Instructions
Reverse Side)

Budget Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

029557686

6. 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 Injection
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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SEMU Permian

9. WELL NO.

#36

10. FIELD AND POOL OR WILDCAT

Skaggs Grayburg

11. SEC., T., R., M., OR BLE AND SURVEY OR AREA

Sec. 24, T20S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO. 30-025-06253 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3542'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.*

Drill out and jet wash to 3905'. Set pks. @ 3650' Open bypass & pump.
Stage I - 5 Bbls diverting fluid. 20 Bbls of diverting fluid w/2 ppg. rock salt
Stage II - 35 Bbls of 15% HCl-NE-FE acid, 5 Bbls diverting fluid,
7 Bbls diverting fluid w/2 ppg rock salt.
Stage III - 35 Bbls of 15% HCl-NE-FE acid
Displace w/ 33 Bbls of completion fluid. Shut-in for 1 hour.
Swab back lead. Set packer @ 3667'. RDMO

For further technical info, contact Mike Bezilla 397-5868.

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

SIGNED W.W. Baker

TITLE Administrative Supv.

DATE Aug. 4, 1989

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS

TITLE For

DATE 8-18-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side