

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas
P. 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection Well

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

1980' FSL & 1980' FWL, Sec. 19, T 20S, R 38E, Unit Ltr. 'K'

5. Lease Designation and Serial No.

LC 031670A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

892000321E

8. Well Name and No.

SEMU Permian, Well #18

9. API Well No.

30-025-07812

10. Field and Pool, or Exploratory Area

Skaggs Grayburg

11. County or Parish, State

Lea, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Repon
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Casing
☒ Other Repair Communication

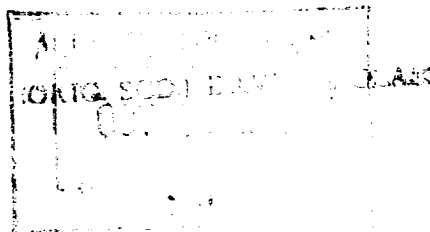
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracrunng
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Reponses to multiple completion well Completion or Recompletion Report and Log form.)

13. 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.)*

8-25-97 MIRU. POOH W/ tbg and packer. GIH W/ new 7" ADI Packer set @ 3492' and 2 7/8" J-55 plastic coated tbg set @ 3484'. Circulate packer fluid test csg to 600# for 30 min, hld good. See attached chart.

RDMO, return well to active injection.



RECEIVED
OCT - 8 A 3:40

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

Signed Bill R. Keathly Title Sr. Regulatory Specialist

Date 10-2-97

(This space for Federal or State office use)

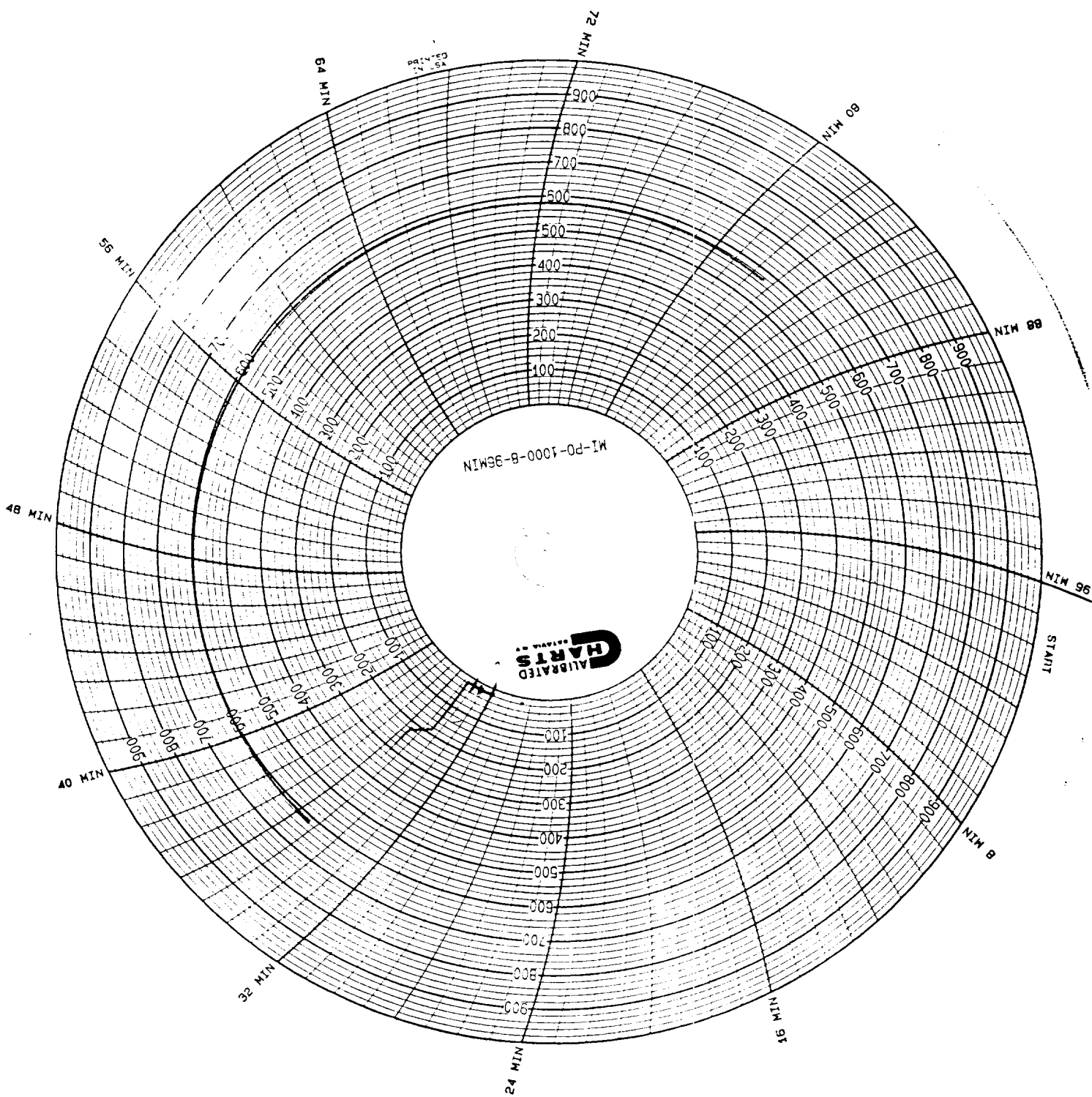
Approved by _____ Title _____ Date _____
Conditions of approval if any: _____

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side





SEMU PERMAN

18

08-25-97