

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection Well</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>Scmu Permian</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. WELL NO. <u>18</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980' FSL & 1980' FWL - Unit Letter K</u>	10. FIELD AND POOL, OR WILDCAT <u>Skaggs Grauberg</u>
14. PERMIT NO. <u>30-025-07812</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>19-20S-38E</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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. POOH w/ injection equipment. Clean out to 3915'. Acidize w/ 2400 gals 15% HCL & 120 gals Unichem 425. Place on injection & stabilize rate. Run injection log.

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

SIGNED DE FINNEY

TITLE Administrative Supervisor

DATE 9/13/88

(This space is for Federal or State office use)

APPROVAL OF
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

SJS

This form is made available to the public, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States Government, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RLM-P.O. Box 1111 T.O

RECEIVED

SEP 17 1988

SEP 21 1988