

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
OTHER INSTRUCTIONS
(Reverse side)

DATE
LEASE DESIGNATION AND SERIAL NO.
10-031676H
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 <u>Injection</u>	7. UNIT AGREEMENT NAME <u>SEMIU-Permian</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>#20</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>Unit M 660' FSL & 660' FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Skaggs Grayburg</u>
14. PERMIT NO. <u>30-025-07813</u>	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA <u>Sec. 19, T20S, R38E</u>
15. ELEVATIONS (Show whether DF, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Repair Communications ☒

(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.)

3/28 MIRU, bleed well down, install BOP, Rel. pkr + pool w/ tlg + pkr.
Pressure test tlg., 2 bad jts., replaced. Pump 105 Bbls
pkr fluid around backside. Set pkr. @ 366' & test backside
to 500 psi for 30 min. See attached chart.

ACCEPTED FOR RECORD

AE

APR 11 1990

RECEIVED
APR 9 9 00 AM '90

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

CARLEAD, NEW MEXICO

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/4/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

