

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

Form 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>20</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL & 660' FWL - Unit Letter M</u>	10. FIELD AND POOL, OR WILDCAT <u>Skaags Grauberg</u>
14. PERMIT NO. <u>30-025-07813</u>	11. SEC., T. R. M., OR BLK. AND SURVEY OR AREA <u>19-20S-38E</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 COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>CO Acidize & Run Inj Profile</u> ☒	
(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.)*

MIRU. P00H w/injection equipment. Clean out to 3906'.
Acidize OH w/5000 gals 15% HCL. Run injection equipment.
Place on injection. Run injection profile on 7/22/88.

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

SIGNED DE FINNEY TITLE Administrative Supervisor DATE 9/13/88

(This space for internal or State office use)

APPROVED BY _____ TITLE _____ COPIES FOR RECORD DATE _____

COPIES OF APPROVAL, IF ANY:

SEP 21 1988

*See instructions on Reverse Side

SJS

RECEIVED

SEP 26 1988

**OCD
HOBBS OFFICE**