

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

ATE  
re

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection Well</u>                                                     | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>LC-031676A</u>              |
| 2. NAME OF OPERATOR<br><u>Conoco Inc.</u>                                                                                                                                                  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><u>LC-031670-A</u>            |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 460 - Hobbs, New Mexico 88240</u>                                                                                                                    | 7. UNIT AGREEMENT NAME                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>660' FNA &amp; 1980' FWL - Unit Letter C</u> | 8. FARM OR LEASE NAME<br><u>SCMU Permian</u>                          |
|                                                                                                                                                                                            | 9. WELL NO.<br><u>31</u>                                              |
|                                                                                                                                                                                            | 10. FIELD AND POOL, OR WILDCAT<br><u>Skaggs Grauberg</u>              |
|                                                                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>19-20S-38E</u> |
| 14. PERMIT NO.<br><u>30-025-07817</u>                                                                                                                                                      | 12. COUNTY OR PARISH<br><u>Lea</u>                                    |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                                             | 13. STATE<br><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) CL, Acidize & Run Inj Profile  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

MIRU. POOH w/ injection equipment. Clean out to 3912'.  
Acidize OH w/ 4500 gals 15% HCL & 250 gals Unichem  
425. Run injection equipment. Place on injection  
Run injection profile on 7/26/88.

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

SIGNED DE FINEY

TITLE Administrative Supervisor

DATE 9/13/88

This space for Federal or State office use

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

SEP 21 1988

\*See instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO

This form, revised 1981, 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.

BLM-Carlsbad (6) T.L.

RECEIVED

SEP 16 11 03 AM '88