

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-031670A

6. 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 ☐
2. NAME OF OPERATOR *Conoco Inc.*
3. ADDRESS OF OPERATOR *P.O. Box 460 - Hobbs NM 88240*
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit letter D 660/N & W

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SEMA Permian

9. WELL NO.

#33

10. FIELD AND POOL OR WILDCAT

Keggs Grayburg

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

Sic. 19, T20S, R38E

12. COUNTY OR PARISH 13. STATE

Lea NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

30-025-07819

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING ☒

ABANDONMENT*

(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.)

8-16-89 C.O. to TD @ 3922'. Stimulate w/ 105 Bbls of HCL-NE-FE acid mixed w/ Unichem's Techni-Wet 425. Swab back. Run production equipment.
9-15-89 Run production logs.

OCT 2 9 03 AM '89
RECEIVED

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

SIGNED *W.W. Baker* W.W. Baker TITLE *Administrative Supervisor* DATE *Sept. 26, 1989*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: *Adam*

*See Instructions on Reverse Side