

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well            | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-031670(b)                 |
| 2. NAME OF OPERATOR<br>CONOCO INC.                                                                                                         | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240                                                                                 | 7. UNIT AGREEMENT NAME<br>SEMU                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface Unit E | 8. FARM OR LEASE NAME<br>SEMU McKee                                 |
| 14. PERMIT NO.<br>30-025-07833                                                                                                             | 9. WELL NO.<br>53                                                   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2086' FNL & 554' FWL                                                                     | 10. FIELD AND POOL, OR WILDCAT<br>Warren McKee                      |
|                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20-205-38E |
|                                                                                                                                            | 12. COUNTY OR PARISH<br>Lea                                         |
|                                                                                                                                            | 13. STATE<br>NM                                                     |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                 |                                          |
|-----------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                         | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                     | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                  | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input checked="" type="checkbox"/> Squeeze Casing Leak |                                          |

(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.)\*

- ① MIRU on 1-23-86. POOH w/ injection tbg & pkr
- ② GIH w/ bit & scraper to top of liner @ 8993'.
- ③ Set RBP @ 8896', wouldn't hold. Reset @ 8926' and tested to 1000 psi
- ④ Isolated casing leak between 4338' & 4490'. Set pkr @ 4118', pressured up on backside to 500 psi. Establish pump-in rate and squeezed w/ 100 sxs class "C" w/ 2% CaCl<sub>2</sub>.
- ⑤ Flush w/ 20 bbls fresh water. Cmt pressured up to 2000 psi & held after getting 55 sxs sqz'd away. Reversed out 20 sxs. POOH w/ pkr.
- ⑥ Tag TOC @ 4120'. Drill cmt to 4430' and fell free. Pressure test sqz to 500 psi for 30 min. w/ no leak off. POOH w/ RBP & landed inj. pkr @ 8827.
- ⑦ Rig down on 2/3/86.

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 2-17-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE ACCEPTED FOR RECORD

DATE \_\_\_\_\_

Subject to  
Like Approval

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001 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) Arco (2) Amoco (2) Chevron (1) File

RECEIVED  
FEB 24 1986  
O.C.D.  
HOBBS OFFICE

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HOBBS OFFICE