

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
reverse side)

ATE
0-10

DATE OF REPORT
APPROVED AUGUST 11, 1988

LEASE DESIGNATION AND SERIAL NO.

LC-031695A

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 ☒ Injection	7. UNIT AGREEMENT NAME SEMU - Permian
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. # 26
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E 1980' FNL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Skaggs Grayburg
14. PERMIT NO. 30-025-07864	11. SEC. (R, E, M, OR BLK) AND SURVEY OR AREA Sec. 30, T20S, R38E
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

2/27/90 Set RBP @ 3600'. Circ. well bore w/packer fluid
Test csg. to 500' - 15 min. Held. See attached chart

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

SIGNED

H.A. INGRAM

TITLE

CONSERVATION COORDINATOR

DATE

4-5-92

(This space for Federal or State office use)

APPROVED BY

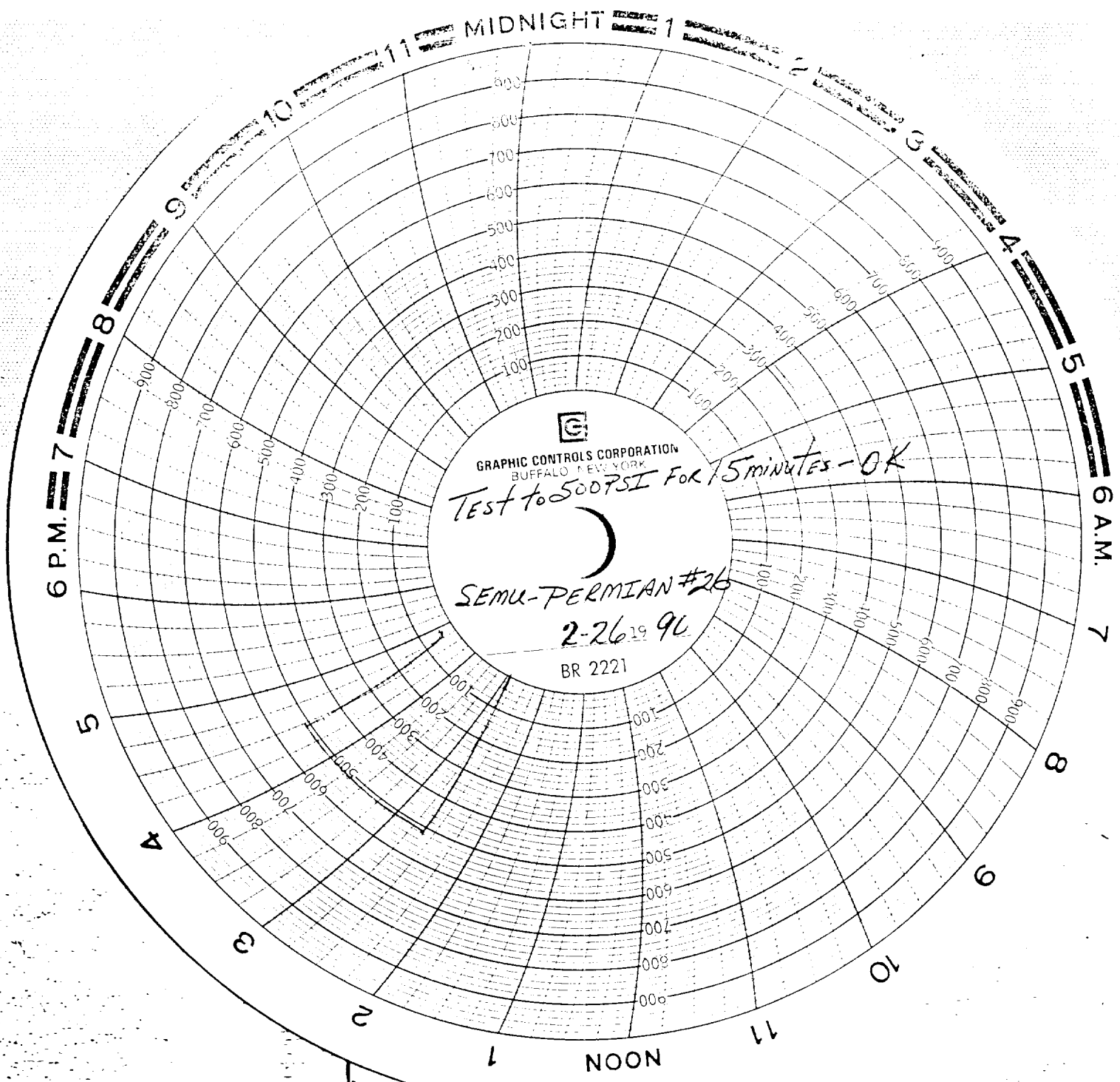
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-26-90

*See Instructions on Reverse Side



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Test to 500 PSI for 15 minutes - OK

SEMU-PERMIAN #26

2-26-96

BR 2221

NOON

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6 A.M.

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MIDNIGHT

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2