

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME <u>South Eunice Unit</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>		8. FARM OR LEASE NAME <u>South Eunice Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>		9. WELL NO. <u>15</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980' ENL & 660' FEA - Unit Letter H</u>		10. FIELD AND POOL, OR WILDCAT <u>Eunice 7 Rvs Queen, S.</u>
14. PERMIT NO. <u>30-025-08967</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>20-22S-36E</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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Clean Out, Open Add'l Pay & Acidize

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.)

1. MIRR.
2. Run CS9 scraper to 3690' & P.O.O.H.
3. Clean well to 3884' & P.O.O.H.
4. Perforate interval from 3682'-90' w/4 jsPF for total of 32 shots.
5. Set pki at 3550'
6. Acidize interval 3638'-3884' w/90 bbls 15% HCL-FE acid w/60 gals Checker-Sol and 800 lbs graded rock salt mixed in 8 bbls gelled 9# brine in 3 equal stages. Flush w/80 bbls 9# brine. Swab well.
7. Release pki at 3550' & P.O.O.H.
8. Clean out any fill to 3884' & P.O.O.H.
9. Run producing equipment & place on test.
10. If you have further questions contact Jay Vashler at 393-4141.

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

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE March 28, 1988

(This space for Federal or State office use)

APPROVED Adam

TITLE

DATE 4-15-88

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

Title 18 USC, 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-Calebad(6) ARCO(2) Amoco(2) Chevron(1) L.P.