

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08972
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Eunice Unit
8. Well No.	18
9. Pool name or Wildcat	Eunice 7 Rivers Queen, So.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> OTHER Injection Well
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500
4. Well Location	Unit Letter K 1980 Feet From The South Line and 1980 Feet From The West Line Section 21 Township 22S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER Casing Integrity Test <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/16/99 MIRU circulate packer fluid, test casing at 500#, would only hold for 15 minutes, cut chart (see attached).

Repairs are being made to the wellhead and the well will be retested. Conoco will resubmit valid chart after new test is completed.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Reesa Wilkes TITLE Sr. Staff Regulatory Assistant DATE 07/30/99

TYPE OR PRINT NAME Reesa R. Wilkes

TELEPHONE NO. 915/686-5580

(this space for State Use)  
ORIGINAL SIGNED BY  
GARY WINK  
FIELD REP. II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8-11-99

CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, PONCA, COST ASST, WELL FILE, FIELD