

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
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 ☒ <u>Injection Well</u>		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>26</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660' FSL & 1980' FEL - Unit Letter O</u>		10. FIELD AND POOL, OR WILDCAT <u>Eunice 7 Rvs Queen, S</u>	
14. PERMIT NO.		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

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) CO Repair & Acidize

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.)

MIRU. Tag 32' of fill. CO tight spot & csq to 3766'. Repair 3656'-3758' w/2 js pf. CO bridge at 3765'-3771'. Acidize 3648'-3771' w/90 bbls 15% HCL-NE-FE acid w/110 gals Nalco Acid Mate 3452. Swab well. Run injection equipment & place on injection.

RECEIVED
SEP 16 10 00 AM '88

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

SIGNED ADMINISTRATIVE SUPERVISOR

TITLE Administrative Supervisor

DATE 9/13/88

(This space for Federal or State office use)

APPROVAL OF
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

SEP 13 1988

*See instructions on Reverse Side

SOS
CARLSBAD, NEW MEXICO

This form, as revised in 1981, 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) L.L.