

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>LC-030133R</u>
2. Name of Operator <u>Conoco, Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>10 Desta Dr. Ste 100W, Midland, TX 79705</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Unit L, 1980' FSL & 330' FWL Sec. 22, T-22S, R-36E</u>	8. Well Name and No. <u>S. Eunice Unit No. 21</u>
	9. API Well No. <u>3002508994</u>
	10. Field and Pool, or Exploratory Area <u>Eunice 7 Rvs Qn So</u>
	11. County or Parish, State <u>Lea, NM</u>

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

The attached procedure is proposed to plug and abandon the S. Eunice Unit No. 21.

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

Signed *[Signature]* Title Sr. Conservation Coordinator Date 10-13-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date 10/29/92

Conditions of approval, if any: