

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO

SUBMIT IN TRIP  
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                           | 7. UNIT AGREEMENT NAME<br><i>South Eunice Unit</i>                           |
| 2. NAME OF OPERATOR<br><i>Conoco Inc.</i>                                                                                                                                                  | 8. FARM OR LEASE NAME<br><i>South Eunice Unit</i>                            |
| 3. ADDRESS OF OPERATOR<br><i>P.O. Box 460 - Hobbs, New Mexico 88240</i>                                                                                                                    | 9. WELL NO.<br><i>27</i>                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>660' FSL &amp; 1980' FWL - Unit Letter N</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>Antea / Eunice 1 Pools, Queen South</i> |
| 14. PERMIT NO.<br><i>30-025-08996</i>                                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>22-22S-36E</i>        |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                                             | 12. COUNTY OR PARISH<br><i>Lea</i>                                           |
|                                                                                                                                                                                            | 13. STATE<br><i>NM</i>                                                       |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |

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

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |

(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. Kill well w/ 2% KCL TFW w/ 1 gal Adomall/1000 gals if necessary. Tag for fill & tally out of shoe.
2. Clean out to 3819' & P.O.C.H.
3. Run csq scraper to 3819' & P.O.C.H.
4. Perforate interval 3699'-3704', 3768'-73' & 3776'-83' w/ 2 spf for total of 34 shots & P.O.C.H.
5. Set pki at 3760'. Pump 50 bbls 15% HCL-NE-FE acid and 250 lbs graded rock salt mixed in 4 bbls gelled 9# brine. Flush w/ 50 bbls 2% KCL TFW. Swab well. Release pki at 3760' & P.O.C.H.
6. Set RBP at 3760' & test to 1000 psi via pki. Set pki at 3675'. Pump 40 bbls 15% HCL-NE-FE acid. Pump 100 lbs graded rock salt mixed in 2 bbls gelled 9# brine. Flush w/ 50 bbls 2% KCL TFW. Swab well.
7. Frac puffs 3689'-3756' at 15-20 BPM w/ maximum surface treating pressure of 3000 psi. Pump 2500 gals 40# gel water pad plus 10,000 gals 40# gel water w/ 20/40 sand. Flush w/ 900 gals 40# gel water. Shut-in, Swab well.

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

SIGNED *Don Funnery* TITLE *Administrative Supervisor*

DATE *March 4, 1988*

(This space for Federal or State office use)

APPROVAL OF  
COMMISSIONERS OF APPROVAL, IF ANY:

TITLE

DATE

*3 18 88*

\*See instructions on Reverse Side

Title 18, U.S.C. 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-Carlbad(6) ARCO(2) Amoco(2) C. Newman(1) 7"0