

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

Form 3160-5  
(June 1990)

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Conoco, Inc.

3. Address and Telephone No.

10 Desta Dr. Ste 100W, Midland, TX 79705 (915) 686-6548

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 330' FWL  
Sec. 15, T-20S, R-37E

5. Lease Designation and Serial No.  
LC 031621B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Britt B NO. 2

9. API Well No.

30-025-09896

10. Field and Pool, or Exploratory Area  
Eunice-Mon. Grybg/SA

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Casing Integrity Test

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)

It is proposed to perform a casing integrity test in preparation for filing for temporary abandonment for this well.

This wellbore will be evaluated for Eumont recompletion potential up hole.

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

Signed

*David R. Glass*

Title

Sr. Conservation Coordinator

Date

9/11/96

(This space for Federal or State office use)

Approved by (ORIG. SGD.) DAVID R. GLASS  
Conditions of approval, if any:

Title

PETROLEUM ENGINEER

Date

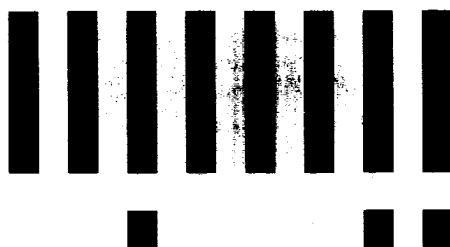
SEP 30 1996

SEE ATTACHED FOR

CONDITIONS OF APPROVAL

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.

\*See Instruction on Reverse Side



**LTR**



**Job separation sheet**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on 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
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>Britt "B"</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>2</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>unit letter E</u> <u>1980' FNL &amp; 330' FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Calvin Monument G SA</u>
14. PERMIT NO. <u>30-025-09896</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 15, T-20S, R-37E</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>N.M.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PLUG OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Re: 3163(067A)</u>	

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) <input type="checkbox"/>	

(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 and 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.)

A casing integrity test was run 5-2-89 on the referenced well (Chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED

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

SIGNED Mafine Sengier TITLE Admin. Supervisor

DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD

ENTERED 7/10/90

\*See Instructions on Reverse Side

SJG

RECEIVED

JUL 13 1983

OCB  
HOLDS 1983