

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031621b</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME
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 & 330' FWL</u>	8. FARM OR LEASE NAME <u>Brett "B"</u>
14. PERMIT NO. <u>30-025-09896</u>	9. WELL NO. <u>2</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Lumina Monument G SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 15, T-20S, R-37E</u>
	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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) Re: 3163(667A)

PLUG OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

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 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 Simpson for Admin. Supervisor

(This space for Federal or State office use)

DATE 6-22-89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED FOR 12 MONTH PERIOD

EXPIRES 7/10/90

*See Instructions on Reverse Side

SJG

RECEIVED

JUL 13 1989

OCB
HOLDS 10000