

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruct. on reverse side)

UNIT AGREEMENT NAME
LEASE DESIGNATION AND SERIAL NO.
DATE AUGUST 31, 1988

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.)

RECEIVED

LC-031695A

IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	MAY 24 10 37 AM '90	UNIT AGREEMENT NAME SEM U Blinebry
2. NAME OF OPERATOR Conoco Inc.	CARL AREA	3. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240		9. WELL NO. #103
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E 1980' FNL + 430' FWL		10. FIELD AND POOL, OR WILDCAT Blinebry Oil + Gas
14. PERMIT NO. 30-025-26277	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA 29-20S-38E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Temporary Abandon</u>	

(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.)*

4/30/90 Pressured up to 500# for 15 mins Held. See attached chart. Request T.A. permit.

APPROVED FOR 12 MONTH PERIOD

ENDING 5/31/91

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

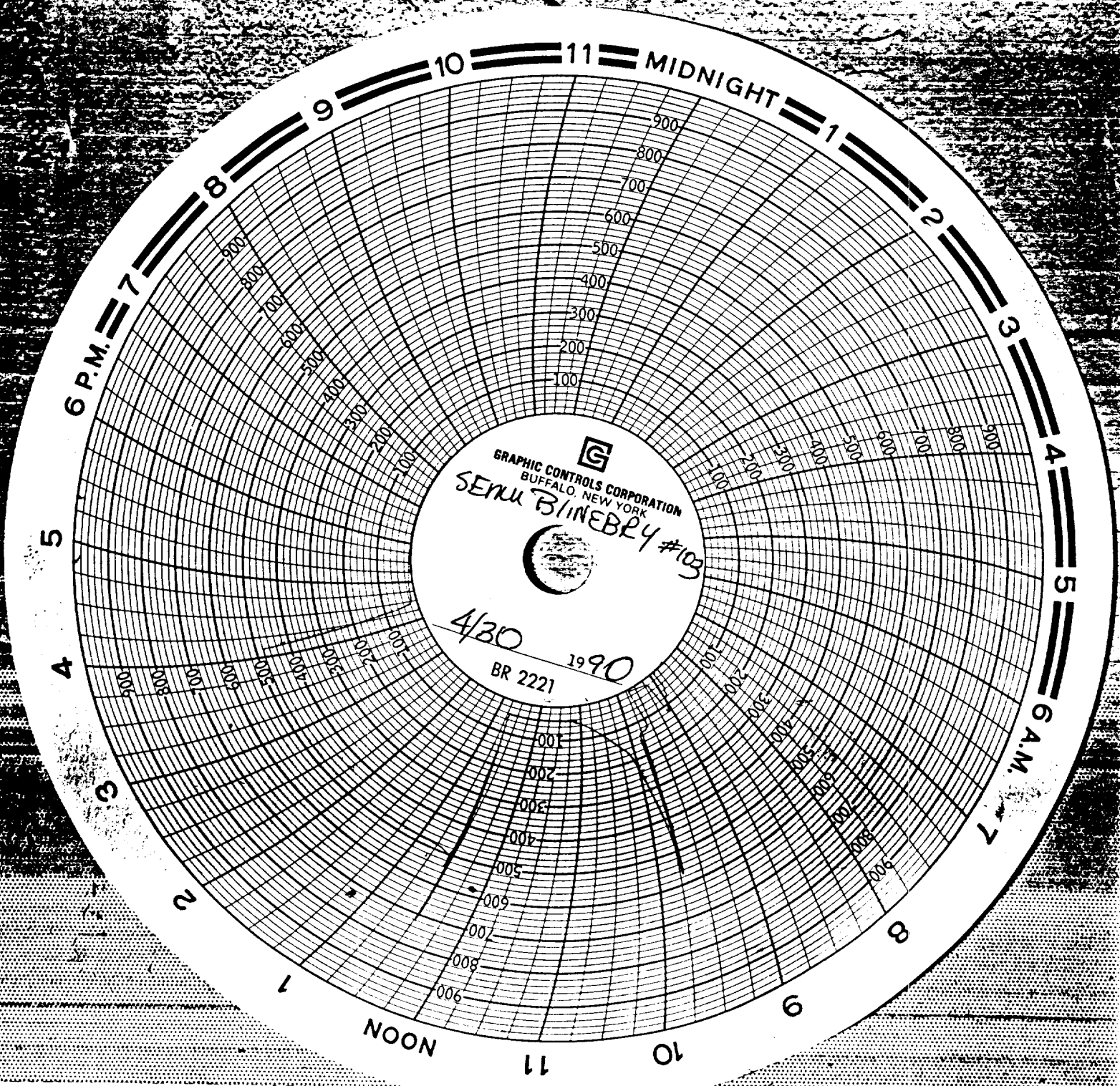
SIGNED [Signature] TITLE Conservation Coordinator DATE 5/20/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 6-1-90

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side



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JUN 04 1990

OCD
HOBBS OFFICE