

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

DATE  
3-11-89

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.)

RECEIVED  
MAR 7 11 05 AM '89  
CARLS AREA

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ *Injection Well*

2. NAME OF OPERATOR  
*Conoco Inc.*

3. ADDRESS OF OPERATOR  
*P.O. Box 460 - Hobbs, New Mexico 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
*810' FNL & 2130' FWL - Unit Letter C*

5. LEASE DESIGNATION AND SERIAL NO.  
*LC-031670B*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
*Semmi McKee*

9. WELL NO.  
*114*

10. FIELD AND POOL, OR WILDCAT  
*Warren McKee*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*29-20S-38E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*NM*

14. PERMIT NO.  
*30-025-26767*

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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 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) <i>Clean Out, Perf, Stim &amp; Test</i> <input checked="" type="checkbox"/> |                                               |

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 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. POOH w/ Abq & pki. R/H w/ csg scraper & workstring. Clean out to PBTD.
  - 2) Pickle workstring & spot acid. Pull bit to 8810' & circ completion fluid. Pump 750 gal 15% HCL-NE-FE follow w/ 33.1 bbls completion fluid. Loop back to 9014 spot 5 bbls acid, displace w/ 50.9 bbls completion fluid. POOH.
  - 3) Perforators. Perf at 8914'-9014' w/ 2 jspF for total of 98 holes. POOH.
  - 4) R/H w/ plr & workstring. Set pki at 8880'. Acidize w/ 200 bbls 15% HCL-NE-FE acid in 4 equal stages. Displace w/ 55 bbls completion fluid. ST for 1 hr. Surb back load. POOH.
  - 5) R/H w/ csg scraper & clean out to btm. POOH. Run injection pki & set at 8920' & circ plr fluid. Install wellhead & return to injection. Approximately 2 weeks after well is stimulated run injection profile log and Step Rate Test.
- For further information contact Craig Anderson at 397-5885.

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

SIGNED

*DAVID E. FINNEY*

TITLE *Administrative Supervisor*

DATE

*March 3, 1989*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

*3-9-89*

CONDITIONS OF APPROVAL, IF ANY:

\*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 (Bureau of Land Management) (Bureau of Land Management) (Bureau of Land Management)

RECEIVED

MAR 10 1989

OCD  
HONORS OFFICE