

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 03174084-031746-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Meyer B-4 No. 20

9. API Well No.
3002504481 ✓

10. Field and Pool, or Exploratory Area
Oil Center Blinbry

11. County or Parish, State
Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Conoco, Inc.

3. Address and Telephone No.
10 West Dr., Ste 100W, Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter 'G', 2124' FNL & 1980' FEL
Sec. 4, T-21S, R-36E

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☒ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other	☐ 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 squeeze a casing leak and stimulate the Blinbry as follows:

1. POOH w/prod equip & install rod scrapers. Identify/Isolate shallow casing leak.
2. Isolate csg leak between 4510 - 4770.
3. Squeeze casing leak w/220 sx.
4. Test csg to 500 psi for 30 mins.
5. Spot 300 gals paraffin solvent to soak completion.
6. Place well on prod.

RECEIVED
DEC 21 9 35 AM '92
CARTER AREA
OFFICE
FORS

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

Signed Spencer D. Carline Title Sr. Regulatory Analyst Date 12/17/92

(This space for Federal or State official use)

Approved by David R. Glass Title Assistant Regional Director Date 1/12/93

Conditions of approval, if any: