

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIU
(Other instruction
verse side)

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Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031740A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Meyer A-1
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface unit letter J 1980' FSL + 1980' FEL	10. FIELD AND POOL, OR WILDCAT Cumant Queen Gas
14. PERMIT NO. 30-025-04677	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 T-213 R-36 E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635' DF	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

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 REMOVED 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.)*

This is to inform you that the referenced well was taken into the Eunice Monument South Unit, operated by Chevron USA, Inc., P.O. Box 670, Hobbs, N.M. 88240.

As of 2-1-87, Conoco Inc. will no longer operate this well.

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

SIGNED

[Signature]
Orla S. [unclear]

TITLE

Administrative Supervisor

DATE

2-17-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-27-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAR 2 1987
OCC
HUMAN RIGHTS