

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>                                     | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LC-031740(A)</b>                 |
| 2. NAME OF OPERATOR<br><b>CONOCO INC.</b>                                                                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 460, Hobbs, N.M. 88240</b>                                                                                    | 7. UNIT AGREEMENT NAME                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface <b>Unit J</b> | 8. FARM OR LEASE NAME<br><b>Meyer A-1</b>                                  |
| 14. PERMIT NO.<br><b>30-025-04677</b>                                                                                                                | 9. WELL NO.<br><b>14</b>                                                   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>1980' FSL &amp; 1980' FEL</b>                                                                   | 10. FIELD AND POOL, OR WILDCAT<br><b>Eumont Queen Gas</b>                  |
|                                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 18-21S-36E</b> |
|                                                                                                                                                      | 12. COUNTY OR PARISH<br><b>Lea</b>                                         |
|                                                                                                                                                      | 13. STATE<br><b>NM</b>                                                     |

16. 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) <b>Convert to useable wellbore</b> <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 MIRU. POOH w/ tbg. Run bit to PSTD (3740')
- ② Set pkr @ 3500'. Break down the Eumont perms 3600'-3730' w/ 100 bbls 10 ppg brine + 10 lb/1000 gal guar gum.
- ③ POOH w/ pkr. Set cmt retainer @ 3570'. Sqz Eumont perms w/ 150 sxs class "c" w/ 2% CaCl<sub>2</sub>. Do not pump more than 20 bbls flush.
- ④ WOC 12 hrs. Drill up retainer @ 3570' & cmt to 3740'. Press. test sqz to 500 psi. Resqz if necessary.
- ⑤ Drill up cmt inside liner from 3740'-3919'. Circ. hole clean. POOH.
- ⑥ Rig down. This well be part of Chevron's Eunice Monument South Unit.

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

SIGNED DE FINEY TITLE Administrative Supervisor

DATE 12-3-86

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 12-9-86

\*See Instructions on Reverse Side

RECEIVED

DEC 12 1986

DCD  
CORPS OFFICE