

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPL  
(Other instructions on re-  
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 checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>temp. abandoned</u>    | 5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031740(B)</u>                 |
| 2. NAME OF OPERATOR <u>CONOCO INC.</u>                                                                                                                | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>                                                                                        | 7. UNIT AGREEMENT NAME <u>NMFU</u>                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface <u>Unit F</u> | 8. FARM OR LEASE NAME <u>Meyer B-18</u>                                 |
|                                                                                                                                                       | 9. WELL NO. <u>1</u>                                                    |
|                                                                                                                                                       | 10. FIELD AND POOL, OR WILDCAT <u>Eumont Queen Gas</u>                  |
|                                                                                                                                                       | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 18-215-36E</u> |
| 14. PERMIT NO. <u>APT # was never set up for this well</u>                                                                                            | 12. COUNTY OR PARISH <u>Lea</u>                                         |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                        | 13. STATE <u>NM</u>                                                     |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | (Other) <input type="checkbox"/>         |

(Other) sqz perfs; convert to useable wellbore ✓

(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 MRO, Kill well if necessary w/ 10 lb brine
- ② Set retainer @ 3600', pump 150 sxs class "C" cmt w/ 2% CaCl<sub>2</sub> and displace w/ 21 bbls TFW. Sting out of retainer & WOC for 12 hrs.
- ③ Drill out retainer & cmt to 3750'. Press. test sqz to 500 psi, If test fails re-sqz if necessary.
- ④ If test holds, Drill out CIBP @ 3750' & cmt plug from 3756' to top of liner @ 3775'. Drill out cmt plug in top of liner from 3775' to 3800'. Drill out cmt plug from 3896' - 3942'.
- ⑤ Set RBP @ 3830 and press. test top of liner to 500 psi for 30 min.
- ⑥ If test holds, Release RBP @ 3830' & POOH. Rig down and turn well over to Chevron.
- ⑦ If test fails, squeeze procedure will follow.

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

SIGNED

TITLE Administrative Supervisor

DATE 1-22-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2-3-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

FEB - 5 1986

O.C.D.  
HOBBS OFFICE