

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. Lease Designation and Serial No.
NM 0626641

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

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

8. Well Name and No.
LOCKHART A-30 # 7

2. Name of Operator
Conoco Inc.

9. API Well No.
30-025-04838

3. Address and Telephone No.
10 Desta Drive STE 100W, Midland, TX 79705 (915) 686-6551

10. Field and Pool, or Exploratory Area
EUMONT YATES 7 RVRS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

11. County or Parish, State

660' FNL & 660' FWL, SEC. 30, T-21S, R-36E, UNIT LTR 'D'

LEA, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other TEMPORARY ABANDON
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

CONOCO REQUESTS AN EXTENSION TO THE CURRENT T&A STATUS FOR THE ABOVE WELL. THIS WELL WAS PRESSURE TESTED IN MARCH OF 1991. THEREFOR IT IS STILL COVERED BY THE 5 YEAR NMOC TEST RULES. COPY OF PREVIOUS CHART IS ATTACHED

WE REQUEST APPROVAL PENDING EUMONT RECOMPLETION STUDY SCHEDULED TO BE COMPLETED BY 1995.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/1/95

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

STAFF REGULATORY ASSISTANT

8-22-94

Signed

Title

Date

(This space for Federal or State office use)

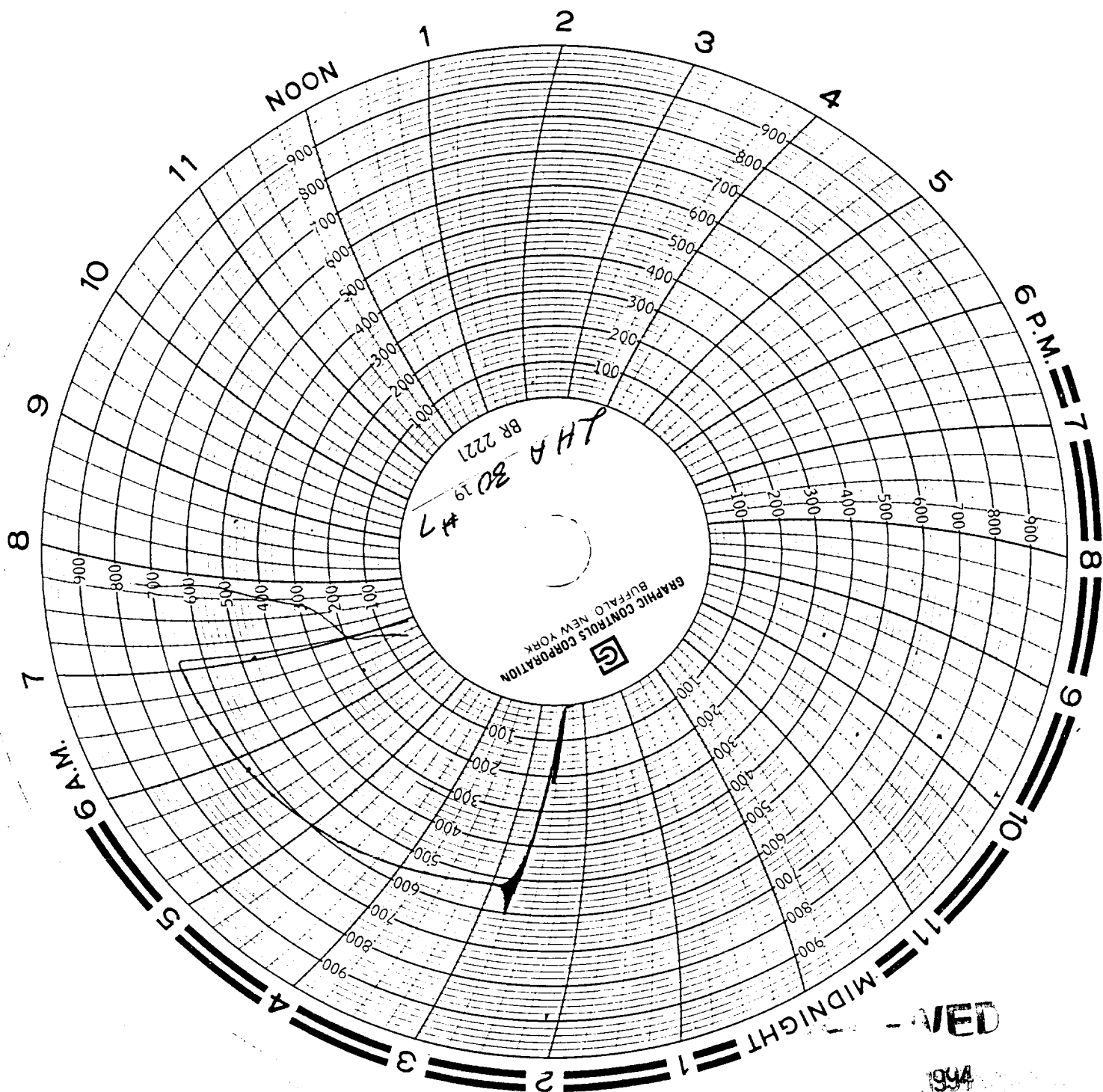
(ORIG. SGD.) JOE G. LARA

PETROLEUM ENGINEER

Date

Approved by

Conditions of approval, if any:



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