Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division P.O. Box 1980

P.O. Box 1980 Hobbs, NM 88241 FORM APPROVED
Budget Burezu No. 1004-0135
Expires: March 31, 1993

|      | Expires: | March   | 31, 199 | )3  |
|------|----------|---------|---------|-----|
| case | Designat | ice and | Serial  | No. |
|      |          |         |         |     |

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

SUBMIT IN TRIPLICATE

LC 031740B
6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Conversion to Injection
Dispose Water

(Note: Report results of multiple completion on Well

| 1 type of Well  |  |                        |
|---|--|------------------------|
| Oil Gas Sother 00   | 8. Well Name and No.  Meyer B-4 #29  9. API Well No.  3002524975 |                        |
| 2. Name of Operator                                       |  |                        |
| Conoco Inc.   |  |                        |
| 3. Address and Telephone No.                              |  |                        |
| 10 Desta Dr., Ste 100W,                                   | 10. Field and Pool, or Exploratory Area                          |                        |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey | Eumont   |                        |
| 21.   | 11. County or Parish, State                                      |                        |
| UL=P, S-4, T-325, R-36E                                   |  |                        |
|   | Lea  |                        |
| 2. CHECK APPROPRIATE BOX                                  | ((s) TO INDICATE NATURE OF NOTICE, REP                           | ORT, OR OTHER DATA     |
| TYPE OF SUBMISSION  | TYPE OF ACTIO  | N                      |
| Notice of Intent  | Abandonment  | Change of Plans        |
|   | Recompletion   | New Construction       |
| Subsequent Report   | Plugging Back  | Non-Routine Fracturing |
| _   | Casing Repair  | Water Shut-Off         |
| <del></del>   |  |                        |

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.)\*

Water Producing Formation:

Amount of WaterProduced:

Current Water Analysis Attached: How is Water Stored on Lease:

How is Water Moved:

Final Abandonment Notice

Disposal Facility Operator:

Disposal Facility Well Name & #:

NMOCD SWD Facility Permit #:

Emont

60 bbls water

yes

treater

gravity of treater

Rice Eng.

EME System, see attached list of 8 disposal

wells, including permit numbers

Your approval of this method of disposal is respectfully requested.

| 4. I hereby certify that the logic group, is frue and correct  |  |   |
|--|--|---|
| Signed ////////////////////////////////////  | Tide Sr. Oil & Gas Assistant   |   |
| (This space for Federal or State office use)  [ORIG. SGD.] DAVID R. GEASS  Approved 9:   | Tide PETROLEUM ENGINEER  | AUG 2.8 1996                                  |
| Conditions of approval, if any:  SEE ASTROMED FOR  CONTRICTIONS OF APPROVAL  |  |   |
| ide 18 U.S.C. Sociola 1001, makes it a crime for any person knowin<br>representations as to any maker within its jurisdiction. | gly and willfully to make to any department or agency of the United St | naes any false, fictinous or fraudulent state |