

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031740(A)</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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit K</u>	8. FARM OR LEASE NAME <u>Meyer A-1</u>
14. PERMIT NO. <u>30-025-29418</u>	9. WELL NO. <u>18</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>1780' FSL & 2030' FNL</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. 8-215-36E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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) <input 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) <u>set prod. csq</u>	

(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 Set 92 jts of 5½", 14#, K-55 production csq @ 3850' on 9-24-86.
- ② Cemented w/ 550 sxs lead-in class "C" w/ 2% CaCl₂ & tailed-in w/ 575 sxs class "H" w/ 2% CaCl₂.

ACCEPTED FOR RECORD

GWJ
OCT 24 1986

CARLSBAD, NEW MEXICO

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 10-22-86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side