

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 88240
HOBBBS, NEW MEXICO 88240

Budget Bureau No. 104-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

LC-031740(A)

IS INDIAN ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Meyer A-1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit K	10. FIELD AND POOL, OR WILDCAT Eumont Queen Gas
14. PERMIT NO. 30-025-29418	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-215-36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1780' FSL & 2030' FWL	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐
SHOOTING OR ACIDIZING	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
OTHER	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) set surface csg	☒		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and log form.)

17. DRILLING, REPAIR OR COMPLETION 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. Spudded well on 9-10-86.
- ② Set 29 jts of 8 5/8", 24#, K-55 csg w/ shoe @ 1243'. Cemented csg w/ 600 sxs class "C" w/ 2% CaCl₂. Circ. 150 sxs to surface. WC

ACCEPTED FOR RECORD

[Signature]
SEP 26 1986

CARLSBAD, NEW MEXICO

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

SIGNED: *[Signature]* TITLE: Administrative Supervisor DATE: 9-22-86

(For use by Federal or State office use)

APPROVED BY: TITLE: DATE:

CO. SIGNATURES OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

19. I, the undersigned, make it a crime for any person knowingly and willfully to make to any department or agency of the United States or to any officer or employee thereof any false or fraudulent statements or representations as to any matter within its jurisdiction.

RLM - Carlsbad (6) ARCO (2) Mccord (2) Chelmsford (1) File