

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT 1 RPLIFICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
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 ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND AERIAL NO. LC-031740(A)
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	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 Unit H 1980' FNL + 890' FEL	8. FARM OR LEASE NAME Meyer A-1
14. PERMIT NO. 30-025-30091	9. WELL NO. 19
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Eumont Queen Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-215-36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Ran 89'jts of 5 1/2", K-55 production casing and set @ 3835'. Cemented w/ 750 sxs Class "C" and had 175 sxs cmt returns.

ACCEPTED FOR RECORD

DEC 29 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED

DEC 18 11 23 AM '87
CARLSBAD, NEW MEXICO
BUREAU OF LAND MANAGEMENT

I hereby certify that the foregoing is true and correct

SIGNED [Signature] OF ADMINISTRATIVE SUPERVISOR TITLE Administrative Supervisor

DATE 12/10/87

(This space for comments or State office use)

APPROVAL OF
COMMISSIONERS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlsbad (6) ARCO(2) Amoco(2) Chevron(1) File

RECEIVED
JAN 11 1983
HOBBS OFFICE
CCC