

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO

SUBMIT IN TRIPLICATE
(Others Institution)
Reverse side

Budget Bureau No. 1004-01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL N

LC-031740 (B)

6. IF 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.)

WELL ☐ WELL ☒ OTHER

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, Nm 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

1280' FSL + 480' FEL

Unit P

14. PERMIT NO.

30-025-30422

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Meyer B-17

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Eumont Yts 7-Rvs Qu Gas

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17 - 21S - 36E

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Spud & set surf

Csg

(Other)

(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.)

Spud well @ 2:00 pm on 8/10/88. Ran 31jts of 8 5/8", 32#,
K-55 surface casing and cemented w/525 SXS
Class "C" w/20 bbls returns.
Casing set @ 1330'.

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

SIGNED

D.F. Finney

TITLE

Adm. Supervisor

DATE

8/16/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS