

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

EC-068404A

6. If Indian, Allottee or Tribe Name

NM-68821

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Bell Lake Unit No. 2

9. API Well No.

30-025-08489

10. Field and Pool, or Exploratory Area

Bell Lake Bone Springs

11. County or Parish, State

Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well

☒ Other. Salt Water Disposal

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705 (915) 686-5494

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL & 3300 FEL unit N

Letter N, Sect 30, T23S, R34E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☒ Altering Casing

☒ Other

Casing integrity

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion or Well 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.)*

A casing integrity test was run on this well on 3-5-91 (see attached Chart). This test was run in compliance with NMCD Rule 704.

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

Signed Christine L. Neff

Title ADMIN. ASSISTANT

Date 6-30-91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: