Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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 [X] GAS 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
Unit letter D 660/N + W

5. LEASE DESIGNATION AND SERIAL NO.: LC-030133B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME: South Eunice Unit

8. FARM OR LEASE NAME

9. WELL NO.: #34

10. FIELD AND POOL, OR WILDCAT: Eunice 7 Rvrs Queen So.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 28, T22S, R36E

12. COUNTY OR PARISH: Lea

13. STATE: NM

14. PERMIT NO.: 30-025-0907200

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

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)			
(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.)*

1-2-90 Cleanout to 3800'. Set pkr. @ 3510. Load backside w/55 bbls 9# brine. Stimulate 7 Rvrs Queen from 3610-3784' as follows: Pumped 75 bbls 15% HCL-NE-FE acid for 24 hrs @ 5 BPM @ 100#. Divert w/graded rock salt. Swab back load. Return to production.

ACCEPTED FOR RECORD
Adr
FEB 5 1990
CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED W W Baker W.W. Baker TITLE Administrative Sup'v. DATE 1/25/90

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side