

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
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 ☐	7. UNIT AGREEMENT NAME <i>South Eunice Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>South Eunice Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>34</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL & 660' FWL - Unit Letter D</i>	10. FIELD AND POOL, OR WILDCAT <i>Eunice 7 RVRS Queen S</i>
14. PERMIT NO. <i>30-025-09072</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>28-22S-36E</i>
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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 COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐

(Other) *Clean Out & Acidize*

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐

(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) MIRU. POOH w/ rods & pump. Tag for fill w/ tbg & tally out of hole.
- 2) Clean out well to 3800' & POOH.
- 3) Set pka at 3500'. Acidize from 3610'-3784' w/ 90 bbls 15% HCL-F& acid w/ 60 gals Chucker-Sol or equivalent inhibited for 24 hrs at 100°F and 600# graded rock salt mixed in 5 bbls gelled 9" brine in 3 equal stages. Flush w/ 80 bbls 9" brine. Swab well.
- 4) Release pka at 3500' & POOH.
- 5) Land SN at 3750'. Run pump & rods. Place well on test.

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

SIGNED *DE FINNEY*

TITLE *Administrative Supervisor*

DATE *9/15/88*

THE SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVAL OF
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *9-22-88*

*See instructions on Reverse Side

This form, as revised in 1981, 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-Canfield (10/10/88) (10/10/88) (10/10/88)

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HOBBS OFFICE