

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133(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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit D

660' FNL & 660' FWL

14. PERMIT NO.
30-025-09072

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

7. UNIT AGREEMENT NAME

South Eunice Unit

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

34

10. FIELD AND POOL, OR WILDCAT

Eunice 7Rvs Queen So.

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

Sec. 28-225-36E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) open add'l pay & acidize

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.)*

- ① MIRU. POOH w/ rods & pump. CO well to 3786'.
- ② Spot 2 bbls 15% HCL-NE-FE from 3786' to 3710'. Perf from 3705'-10' and 3774'-77' w/ 4 JSPP.
- ③ Set pkr @ 3550'. Acidize w/ 120 bbls 15% HCL-NE-FE and Flush w/ 60 bbls 2% KCL TFW. Release pkr @ 3550' & POOH.
- ④ Hang well on & place on test. Rig down.

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

SIGNED

TITLE

Administrative Supervisor

DATE

8-21-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-3-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side