

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on Reverse Side)

DATE: Mar 30 11 25 AM '90

LEASE DESIGNATION AND SERIAL NO.
LC-030133B
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 <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>Meyer B-28</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>#2</u>	10. FIELD AND POOL, OR WILDCAT <u>Jalmit Gates Has</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>990' FNL & 990' FEL</u>	11. SEC., T., R., & OR BLK. AND SURVEY OR AREA <u>28, 225, 36E</u>	12. COUNTY OR PARISH <u>Lea</u>
14. PERMIT NO. <u>30-025-09075</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE <u>NM</u>

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.)*

We propose to P&A this well according to the attached procedure.

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

SIGNED <u>H.A. Ingram</u>	TITLE <u>Conservation Coordinator</u>	DATE <u>3/23/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>4-2-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

APR 5 1990

OCO
HOBBS OFFICE