

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Revised Bureau No. 1000-1  
Revised August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133B

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 ☒ Injection  
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 A: 660 feet from the North line and 660  
feet from the east line  
14. PERMIT NO.  
30-025-09076  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

North Eunice Unit

8. FARM OR LEASE NAME

9. WELL NO.

#37

10. FIELD AND POOL, OR WILDCAT

Malpais G-SA

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

Sec 28, T22S, R36E

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

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 perti-  
nent to this work.)\*

12-8-89 Disregard Previous NOI to temporary abandon.  
Work to run liner was completed as approved  
on 10-23-89

ACCEPTED FOR RECORD

Adm

JAN 5 1989

DEC 29 11 25 AM '89

RECEIVED

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

SIGNED

WW Baker

W.W. Baker

TITLE

Administrative Supv.

DATE

12-22-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

JAN 10 1990

MOBBS OFFICE