

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1930
ALBUQUERQUE, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
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 ☒ Injection Oct 20 12 50 PM '89
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
660' FNL + 660' FEL
14. PERMIT NO. 30-025-0907600
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME South Eunie Unit A
8. FARM OR LEASE NAME
9. WELL NO. # 37
10. FIELD AND POOL, OR WILDCAT Eunie 7 River Creek So.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T. 22S, R. 36E
12. COUNTY OR PARISH 13. STATE Lea 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 PLANS ☐
(Other) ☒ Install liner X

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.)*

Dump frac. sand down the to plug well back from 3780' to 3680'. Dump 1/2 sk Cal-seal plug from 3680'-3675'. WOC 1 hour. Run bit to 3675'. Run 9 jts of 3 1/2" fiberglass liner. BOL @ 3670'. PKs. @ ± 3390'. Pump 15' 5x Class "C" cmt around liner to liner top. Pump 250' 5x Class "C" cmt into thief zone. Attempt to get squeeze pressure of 1000 to 1500 psi surface. Reverse out any excess cmt. WOC 24 hrs. min. D.O. to ± 3672'. Pressure Test to 1000 psi, 15 min. D.O. plug at 3675'-80' and P.O. to 3780'. G1# w/30" seal nipple, anchor seal assembly and 2-3/8" plastic coated tlg. Load backside w/80 Bbs, pkr. blind. Stated tlg into pkr @ ± 3390'. Return well to injection.

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

SIGNED W. W. Baker TITLE Administrative Supervisor DATE Oct 17, 1989

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

Adm