

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instruction
verse side)

ATE*
1 re

Budget Bureau No. 1004-4.1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

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' FNL + 660' FEL

14. PERMIT NO.

30-025-0907600

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

7. UNIT AGREEMENT NAME

South Eunice Unit #2

8. FARM OR LEASE NAME

9. WELL NO.

#37

10. FIELD AND POOL OR WILDCAT

Eunice Seven Rivers Queen So.

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

Sec. 28, T22S, R30E

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 COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Temporary 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.)

10-4-89 Set Baker Log Set RBP @ 3400' (5 1/2" 23#). Test to
500# for 15 min. Held. Chart attached.

APPROVED FOR 12 MONTH PERIOD

10/31/1990

RECEIVED
OCT 23 10 27 AM '89

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

SIGNED W.W. Baker W.W. Baker

TITLE Administrative Supervisor

DATE Oct 18, 1989

(This space for Federal or State office use)

Orig. Signed by Arthur G. Smith

PETROLEUM ENGINEER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

11-6-89

Subject to
Like Approval
by State

*See Instructions on Reverse Side