

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instruction
verse side)

ATE
FE

LEASE DESIGNATION AND SERIAL NO.
10-030133B
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 ☐	7. UNIT AGREEMENT NAME South Eunice Unit #2
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. #36
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL + 1980' FEL Unit B	10. FIELD AND POOL, OR WILDCAT Eunice 7 Rivers Queen South
14. PERMIT NO. 30-025-09077	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T. 22S, R. 36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3519' G.L.	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)*

8/24/89 C.O. to 3792'. Perf. 4 JSPP the following: 3720-23, 27-28, 30-31. Total 20 shot. Stimulate 7 Rivers Queen as follows:
Pumped 50 Bbls 15% HCl-NE-FE followed by sack salt + 50 more Bbls 15% HCl-NE-FE. Swab. Run prod. egup. Load & test thg. to 500#, held. Return to prod.

RECEIVED
SEP 21 11 50 AM '89
CAG
AREA

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

SIGNED

W. W. Bider

W. W. Bider

TITLE

Administrative Supv.

DATE

Sept. 19, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 27 1989

*See Instructions on Reverse Side