

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other Instruc
Reverse Side)

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 ☐	7. UNIT AGREEMENT NAME South Eunice Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM	9. WELL NO. #38
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit letter H 1980/N+ 660/E	10. FIELD AND POOL, OR WILDCAT Eunice 7 Rms. Green South
14. PERMIT NO. 30-025-0907800	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.) 3821'	12. COUNTY OR PARISH Orea
	13. STATE NM

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) Clean-out, open pay, acid + frac	☒		

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.)

We propose to Clean-out, open additional pay, acidize and frac according to the attached procedure.

ACCEPTED FOR RECORD

MAR 5 1990

CARLSBAD, NEW MEXICO

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

SIGNED **HA Ingram** TITLE **Conservation Coordinator** DATE **2/21/90**

(This space for Federal or State office use)

APPROVED BY **Orin S. ...**
CONDITIONS OF APPROVAL, IF ANY:

TITLE **...** DATE **3-5-90**

*See Instructions on Reverse Side