Form 3 160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co~~ ~~ion
P.O. Box ~~~~
Hobbs, NM 88241

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC 030133B

6. If Indian, Allonee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

891011586

1. Type of Well		
☐ Oil Well	☐ Gas Well	☒ Other Injection Well

8. Well Name and No.

So. Eunice Unit, Well # 39

2. Name of Operator

Conoco Inc

9. API Well No.

30-025-09079

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424

10. Field and Pool, or Exploratory Area

Eunice 7 Rvrs Queen, So.

4. Location of Well (Footage. Sec., T. R. M. or Survey Description)

1980' FNL & 1980' FEL, Sec. 28, T 22S, R 36E, Unit Ltr. 'G'

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Repon	☐ Plugging Back	☐ Non-Routine Fracrunng
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other ___Renew TA Status___	☐ Dispose Water

(Note: Reponresultsof multiplecompitionon Wdl Completion or Recompletion Report and Log form.)

13. 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.)*

Conoco requests renewal approval of the Temporary Abandon status for the above listed well. A valid MIT was run on 10-25-96 and a copy should be on file in your office.

We desire to retain this wellbore while we continue to evaluate the possible potential for recompletion uphole. This evaluation should be completed within the next 12 months.

TA **APPROVED FOR** _12_ **MONTH PERIOD**
ENDING __OCT 25 2000__

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

Signed _____

Bill R. Keathly
Title Sr. Regulatory Specialist

Date ___3-26-99___

(This space for Federal or State office use)

Approved by __(ORIG. SGD.) DAVID R. GLASS__   Title ___PETROLEUM ENGINEER___

Date **APR 01 1999**

Conditions of approval if any:

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

*See Instruction on Reverse Side