

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
reverse side)

CATE
ON

LEASE DESIGNATION AND SERIAL NO.
LC-030133B

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 G - 1980' FNL + 1980' FEL

14. PERMIT NO. 30-025-09079

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3512' DF

7. UNIT AGREEMENT NAME South Eunice Unit

8. FARM OR LEASE NAME

9. WELL NO. #39

10. FIELD AND POOL, OR WILDCAT Eunice 7 Rrs. Queen So.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T. 22S, R. 36E

12. COUNTY OR PARISH Lea

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) ☐	

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.)

Due to poor csg. integrity in this well, we propose to install a liner, stimulate and return SEU #39 to injection.

1. Run 4" flush jt. liner to 3610'. Pump 200 sacks. Class "C" w/foam stabilizer added to slurry. Pump 50 sacks Class "C". Mix 20 sacks Class "C" & pump 1 whl slurry down 4" - 5 1/2" csg annulus. WOC 24 hrs. D.O. to 3612'. Pressure test to 1000 psi for 15 min. Clean well out. Set treating pkts. @ 3550'. Acidize w/90 whls. 15% HCL-NE-FE. Swab back load.

Return well to injection.

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

SIGNED W.W. Baker W.W. Baker

TITLE Administrative Supervisor

DATE 2-7-90

(This space for Federal or State office use)

APPROVED BY Approved by
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-20-90

*See Instructions on Reverse Side