

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
reverse side)

ATE-
p re

Budget Bureau No. 1004-01-05
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

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 Well
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 letter C 660' FNL & 1980' FWL

7. UNIT AGREEMENT NAME

South Eunice Unit-Phase II

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

No. 35

10. FIELD AND POOL, OR WILDCAT

Eunice 7 Rivers Queen Sout

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

Sec. 28 T22S, R36E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

30-025-09080

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING XX

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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.)*

Well was cleaned out to TD @ 3800', used 505 scf N₂ to clean out. Circ. wellbore clean w/50 bbls Conoco pkr fluid, set pkr in 11 pts tension @ 3570', RU BJ, acidize down 2-1/16" tbg w/ a total of 50 bbls 15% HCL-NE-FE in 2 equal stages, pump 300 lbs rocksalt in 5 bbls gelled 9 ppg brine between stages, AIR 3 bpm, AIP 1500 psi ISIP 600.

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

SIGNED W W Baker W.W. Baker

TITLE Administrative Supervisor

DATE July 11, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

536