

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>	5. Lease Designation and Serial No. <u>8910115860</u>
2. Name of Operator <u>Conoco, Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>10 Desta Drive W, Midland, TX 79705 (915)686-6553</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980 FSL & 1980 FWL Sect. 28, T22S, R36E</u>	8. Well Name and No. <u>SEU #45 South Elwick Unit</u>
	9. API Well No. <u>30-025-09082</u>
	10. Field and Pool, or Exploratory Area <u>SEU EUNKE 72URS QUINZA SOUTH</u>
	11. County or Parish, State <u>Lea, NM.</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Casing Int. Test</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well 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.)*

South Elwick Unit
A Casing Integrity Test was run on SEU #45 11-2-90
(See Attached Chart)
This test was run in compliance with NMOCB Rule 704.

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

Signed

Martha Nelson

Title Analyst - Oil Production

Date 12-3-90

(This space for Federal or State office use)

ORIGINAL SIGNED BY FIELD STATION

Approved by

Dist. Manager

Title

Date

DEC 11 1990

Conditions of approval, if any: