

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
300250908200

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator
Conoco Inc.

7. Lease Name or Unit Agreement Name

South Eunice Unit

8. Well No.
45

3. Address of Operator
10 Desta Drive West, Midland, TX 79705 (915) 686-6548

9. Pool name or Wildcat
Eunice 7 Rivers Queen South

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The west Line
Section 28 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR 3510'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Install liner ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

It is proposed to install a fiberglass liner to repair corroded casing above the pay interval and return this well to injection by the following procedure:

1. Clean out with bit and casing scraper to 3803'.
2. Reperforate 3701'-04', 3708'-11', 3718'-26', 3735'-37', 3750'-60', 3769'-72', 3775'-80', 3784'-92' w/2 JSPF.
3. Run 3-1/2" fiberglass liner from surface to 3644' and cement with 418 sxs.
4. Drill out cement and circulate hole clean.
5. Return well to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jerry W. Hoover TITLE Regulatory Coordinator DATE 11/28/90
TYPE OR PRINT NAME Jerry W. Hoover TELEPHONE NO. (915) 686-654

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: