

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

LC 030133B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

South Eunice Unit #60

9. API Well No.

30-025-09121

10. Field and Pool, or Exploratory Area

Eunice 7 Rvrs Queen

11. County or Parish, State

Lea, NM

**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

☐ Oil Well ☐ Gas Well ☒ Other **Injection Well**

2. Name of Operator

Conoco Inc

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580

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

1980' FSL & 660' FEL, Sec. 33, T22S, R36E, I

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other **Casing Integrity Test**

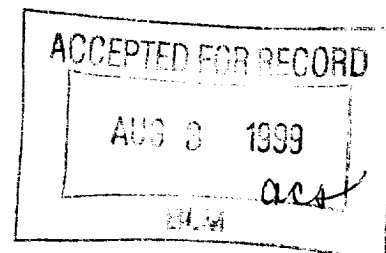
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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.)\*

7/16/99 MIRU circulate packer fluid, test casing at 500# for 30 minutes. Cut chart (see attached); however, the surface casing valve was froze shut, so the test is invalid.

The valve will be replaced and the well retested. Conoco will resubmit valid chart after new test is completed.



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

Signed

*Reesa Wilkes*

Title

Reesa R. Wilkes

Sr. Staff Regulatory Assistant

Date

7/30/99

(This space for Federal or State office use)

Approved by

Conditions of approval if any:

Title

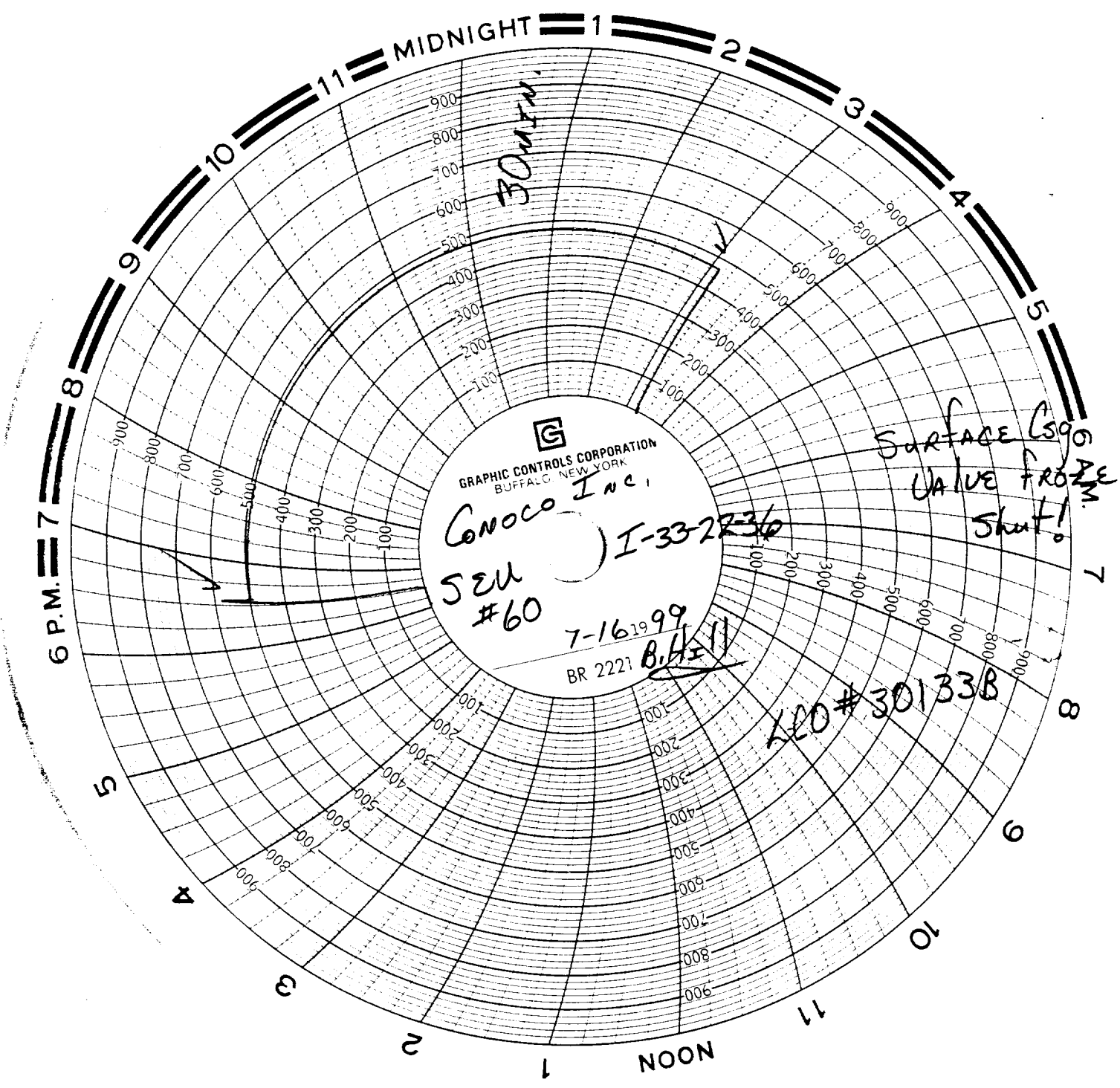
Date

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

JCS GWW



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

CONOCO Inc.

5EU  
#60

I-332236

7-16-99

BR 2221

B.H.E.

NOON

SURFACE G90  
VALVE FROZE  
Shut!

LEO #301338

30 in.