

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. <i>30-025-09187</i>
5. Indicate Type of Lease <i>2nd</i> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>LC-030133A</i>
7. Lease Name or Unit Agreement Name <i>South Eureka Unit</i>
8. Well No. <i>33</i>
9. Pool name or Wildcat <i>Eureka 7-River Queen Co.</i>

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <i>Injection - Water</i>
2. Name of Operator <i>Conaco Inc.</i>
3. Address of Operator <i>P.O. Box 460, Hobbs, N. M. 88240</i>
4. Well Location Unit Letter <i>A</i> : <i>660</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>East</i> Line Section <i>29</i> Township <i>22S</i> Range <i>36E</i> NMPM <i>Lea</i> County

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <i>Return to injection</i> <input checked="" type="checkbox"/>	

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.

This is to inform you that the referenced well was placed back on injection 2-26-90.

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

SIGNATURE *W W Baker* TITLE *Administrative Supervisor* DATE *3-8-90*

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 12 1990
MAR 12 1990

RECEIVED

MAR 9 1990

**OCD
HOBBS OFFICE**