

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP (Other instruction, reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well</i>                                                 | 7. UNIT AGREEMENT NAME<br><i>South Eunice Unit</i>                   |
| 2. NAME OF OPERATOR<br><i>Conoco Inc.</i>                                                                                                                                              | 8. FARM OR LEASE NAME<br><i>South Eunice Unit</i>                    |
| 3. ADDRESS OF OPERATOR<br><i>P.O. Box 460 - Hobbs, New Mexico 88240</i>                                                                                                                | 9. WELL NO.<br><i>33</i>                                             |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)<br>At surface<br><i>660' FNL &amp; 660' FFL - Unit Letter A</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>Eunice 7 Rvs Queen S</i>        |
| 14. PERMIT NO.<br><i>30-025-09187</i>                                                                                                                                                  | 11. SEC., T., R., M., OR RLE AND SURVEY OR AREA<br><i>29-22S-36E</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                                         | 12. COUNTY OR PARISH<br><i>Lea</i>                                   |
|                                                                                                                                                                                        | 13. STATE<br><i>NM</i>                                               |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |

(Other) *C/O Repair, Install Liner & Acidize*

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |

(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.)

- 1) MIRR. Pressure test backside to 500 psi for 15 mins to test csq integrity. Release, pk & tally out of hole.
- 2) Clean out to 3813' & POOH. Run csq scraper to 3600' & POOH.
- 3) Log well from 3800'-3300' & POOH.
- 4) Perforate 3782'-3810' w/ 4 jspF for total of 56 shots & POOH.
- 5) Tag top of sand at 3640'. Dump 0.7 ft<sup>3</sup> cal-seal plug from 3640' to 3635'. WOC 1 hr & tag TOC at 3635'. POOH.
- 6) Run fiberglass liner to 3630' & pk at 3530'. Circulate hole w/ 2% KCL Pump 10 sacks class "C" cement around liner to liner top. Pressure backside to 500 psi & pump 200 sacks class "C" cement into thief zone. Attempt to get a squeeze pressure of 1500 psi surface. Flush w/ 13 bbls maximum 2% KCL TFW. After squeeze, reverse out excess cement. POOH & wait on cement 24 hrs.
7. Drill out float collar and float shoe to 3635' & POOH. Pressure

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

SIGNED *[Signature]* TITLE *Administrative Supervisor*

DATE \_\_\_\_\_

THE SUPERVISOR (For Federal or State office use)

APPROVED BY *[Signature]* CHIEF OF BUREAU  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE *9-22-88*

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

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.

RLM-Childs (11) 71.

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SEP 26 1988

OCD  
HOBBS OFFICE