

N. M. OIL CONS. BOARD  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
O. BOX 1290  
CARLSBAD, NEW MEXICO 88502

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-032573B</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u>  <u>Unit I, 1980' FSL &amp; 660' FEL</u>	8. FARM OR LEASE NAME <u>Elliott B-6</u>
14. PERMIT NO.	9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>3453' DF</u>	10. FIELD AND POOL, OR WILDCAT <u>Penrose Skelly</u>
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA <u>Sec. 6, T-22S, R-37E</u>
	12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)\*

The subject well was formerly the South Penrose Skelly Unit Well No. 129, operated by Chevron U.S.A. Inc. As a result of the disbandment of the South Penrose Skelly Waterflood Unit, the well was returned to the original owner (Conoco Inc.) and the name was changed back to the original lease name (as shown). Effective November 1, 1985, Conoco Inc. sold the well to Arco Oil and Gas Company, P. O. Box 1610, Midland, Texas 79702.

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Administrative Supervisor

DATE 6-17-86

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 18 1986

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED  
JUN 23 1986  
O.C.D.  
HOBBS OFFICE