

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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-24619
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Eunice Unit
8. Well No.	65
9. Pool name or Wildcat	Eunice 7 Rivers Queen, So.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 Injection Well	
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500
4. Well Location	
Unit Letter O	660 Feet From The South Line and 1980 Feet From The East Line
Section 28	Township 22S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER Casing Integrity Test <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.

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.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Reesa Wilkes</u>	TITLE <u>Sr. Staff Regulatory Assistant</u> DATE <u>07/30/99</u>
TYPE OR PRINT NAME <u>Reesa R. Wilkes</u>	TELEPHONE NO. <u>915/686-5580</u>

(this space for State Use)	
ORIGINAL SIGNED BY GARY WINK	
APPROVED BY <u>FIELD REP. II</u>	TITLE <u>DATE 8-11-99</u>
CONDITIONS OF APPROVAL, IF ANY:	

Distribution: OCD (3), SHEAR, PONCA, COST ASST, WELL FILE, FIELD

JCS