

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TI
Other Instruct
Reverse Side

DATE

LEASE DESIGNATION AND SERIAL NO.
LC-062749B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER Injection

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit F 1980' FNL + 1980' FWL

14. PERMIT NO.
30-025-08266

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Thompson 19 Federal

9. WELL NO.
#2

10. FIELD AND POOL OR WILDCAT
Mason Delaware North

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
Sec. 19, T. 26S, R. 32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) <u>Repair Communications</u> ☒	

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.)

1/10/90 MIREU. Well backflowing. Unseat 5 1/2" pkr. Hydrotest 2 3/8" tbg to 5000#. No leaks. Circ. hole w/ p/k fluid. Set pkr @ 4216'. test csg. to 500#. Did not hold. Unseat pkr. w/ 1H w/csg. inspection tool found hole @ 4176'. 4150' + up is good. Circulate 100 bbls pkr. fluid, set pkr @ 4135'. Test csg. to 500# for 15 min. held. Return to injection. See attached chart.

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/4/90

(This space for Federal or State office use)

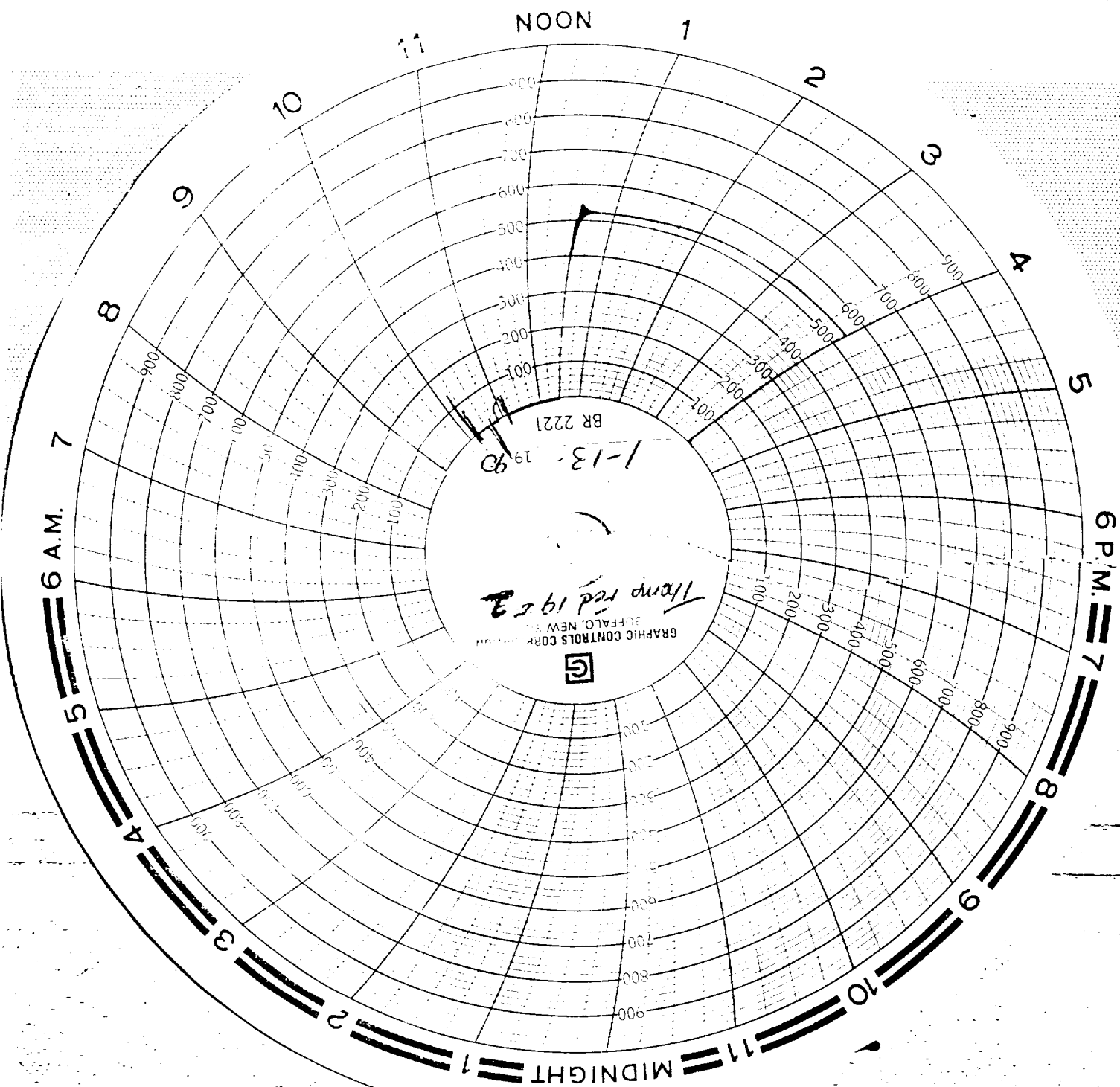
APPROVED BY

FOR RECORD ONLY

TITLE

DATE

*See Instructions on Reverse Side



RECEIVED

APR 27 1990

OCS
HOBBS OFFICE