

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
verse 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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>14</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit F</u>	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
14. PERMIT NO. <u>1980' FNL & 1980' FWL</u> <u>30-025-08277</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25-26S-32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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

(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 MIRV. POOH w/ tbg & pkr. Run scraper to 4627'.
- ② Set CIBP @ 4566' & pkr @ 4504'. Tested CIBP to 1100 psi, held. Tested csg to 600 psi. POOH w/ pkr.
- ③ Circ. pkr fluid. Rig down on 11-21-86.

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

SIGNED: Don Finney DE FINNEY

TITLE: Administrative Supervisor

DATE: 3-6-87

19. SIGNATURE OF FEDERAL OR STATE OFFICE USE:

20. SIGNATURE OF APPROVAL, IF ANY:

TITLE:

DATE:

*See instructions on Reverse Side

21. I hereby certify that it is 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.

Banner - Pith - Nelda

BLM-Carlsbad (6) NMCD-Hobbs(3) File

RECEIVED
MAR 17 1987
OCD
HOBBS OFFICE