

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
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 ☐ 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>16</u>
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 H</u>	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
14. PERMIT NO. <u>1980' FNL & 660' FEL</u> <u>30-025-08281</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 ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>temporary abandon</u>	
(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 MIRU. POOH w/ tbq & pkr. Ran scraper to 4664'. Set CIBP @ 4600'.
- ② Test CIBP to 1000 psi & CSG to 575 psi, held OK.
- ③ Circ. pkr fluid. Rig down on 11-22-86.

APPROVED FOR 6 MONTH PERIOD
ENDING 3/2/87

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED DE FINNEY TITLE Administrative Supervisor DATE 3-6-87

FOR SPECIAL OR STATE OFFICE USE:

SIGNED DE FINNEY TITLE Administrative Supervisor DATE 3-6-87

COPIES OF APPROVAL, IF ANY:

*See instructions on Reverse Side

This form is made available to the public. 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.

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