

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instructions on re-
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>North El Mar Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>North El Mar Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, NM 88240</i>	9. WELL NO. <i>36</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit 0</i> <i>660' JSL + 1980' JEL</i>	10. FIELD AND POOL, OR WILDCAT <i>El Mar Delaware</i>
14. PERMIT NO. <i>30-025-08282</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 25-265-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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) <i>Temporary Abandon</i> <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.)*

1-8-87 1-9-87
1. Work Started, Work Completed
MCLR4. Log @ 4674'. RIH w/CLBP + set at 4575'. Test csg
to 755 psi. Circ w/pk fluid. POOH laying down ths - Top off
csg. Rig down.

APPROVED FOR ¹² MONTH PERIOD
ENDING 3/15/87

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

SIGNED *[Signature]* TITLE *Administrative Supervisor* DATE *March 6, 1987*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *3-16-87*

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

MAR 15 1987

VIT

1987

RECEIVED
MAR 19 1987
OCCO
HOBBS OFFICE