

UNITED 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 ☐	7. UNIT AGREEMENT NAME North El Mar
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME North El Mar Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 36
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: Unit 0	10. FIELD AND POOL, OR WILDCAT El Mar Delaware
14. PERMIT NO. 660' FSL & 1980' FEL 30-025-08282	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-265-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) temporary abandon ✓

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state pertinent details, and give pertinent dates, including estimated date of starting and 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/ production equip. Make bit & scraper run to perfs.
- ② GIH w/ CIBP & pkr to $\pm 4580'$. Set CIBP @ $\pm 4580'$. Test CIBP to 1000 psi. Test backside to 600 psi.
- ③ Rel pkr & POOH. Circ. hole full of 10.0 ppg brine. Rig down.



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

SIGNED [Signature] TITLE Administrative Supervisor

DATE 12-17-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE 12-18-86

*See Instructions on Reverse Side

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