

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT TO THE COMMISSIONER OF THE BUREAU OF LAND MANAGEMENT (Reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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 <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, N.M. 88240</i>	9. WELL NO. <i>21</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit I</i> <i>1980' JSW + 660' JEL</i>	10. FIELD AND POOL, OR WILDCAT <i>El Mar Delaware</i>
14. PERMIT NO. <i>30-025-08284</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 25-26S-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) *Temporary Abandon* ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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. Work started 1-6-87, Work completed 1-7-87
mch. Pool w/rods, pmp + tbg. Log at 4674'. Set CIBP at 4615'. Test CIBP + tbg to 765 psi. Held.
2. WIH w/tbg + rods. Rig down.

APPROVED FOR ¹² MONTH PERIOD
ENDING 3/15/88

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

SIGNED *Wm. H. F. F. F. F.*

TITLE *Administrative Supervisor*

DATE *March 6, 1987*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD *3-16-87*

MAR 15 1987

*See Instructions on Reverse Side