

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 Injection

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit D

14. PERMIT NO. 990' FNL & 990' FWL
30-025-08287

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-069515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
North El Mar Unit

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
El Mar Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 25-26S-32E

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:

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

SUBSEQUENT REPORT OF:

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 MRO. POOH w/ 4bg & pkr. Ran scraper to 4646'
- ② Set CIBP @ 4610, test CIBP to 1000 psi, held. Test csg to 500 psi, held
- ③ Circ. pkr fluid, rig down on 11-18-86.

ACCEPTED FOR RECORD

APPROVED FOR 12 MONTH PERIOD
ENDING 3/25/87

MAR 25 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

[Signature] TITLE Administrative Supervisor DATE 3-6-87

For official or State office use:

DATE OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

It is hereby made it 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) NMGRD-Hobbs(3) E.1e