

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLA
(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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-069515</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit D</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO. <u>990' FNL & 990' FWL</u> <u>30-025-08287</u>	9. WELL NO. <u>8</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 25-26S-32E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANT ☐
(Other) ☐	

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 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/ tbg & 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.

I hereby certify that the foregoing is true and correct

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

FOR OFFICIAL USE OF FEDERAL OR STATE OFFICE USE:

SIGNED: _____ TITLE: _____ DATE: _____

COPIES OF APPROVAL, IF ANY:

*See instructions on Reverse Side

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.

Bonnie-Ruth-Ryder BLM-Carlsbad(6) NMAD-Hobbs(2) ELP

RECEIVED
MAR 17 1987
OCD
HOBBS OFFICE