

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Shut-in	5. LEASE DESIGNATION AND SERIAL NO. LC-069515
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	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 Unit D	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 990' FNL & 990' FNL	12. COUNTY OR PARISH Lea
14. PERMIT NO. 30-025-08287	13. STATE NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) temporary abandon <input checked="" 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 MIRU. POOH w/ injection equip. Run bit & scraper to perfs.
- ② Set CIBP @ 4580'. Test CIBP to 1000 psi. Load & press. test csq to 600 psi for ~~15~~ minutes. IF csq doesn't test, a sg2 procedure will follow
- ③ Circ. hole full of 9.0 ppg brine (pkr fluid).
- ④ Rig down.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 11-4-86

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-7-86

Subject to
Like Approval
by State

*See Instructions on Reverse Side