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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

8a. Indicate Type of Lease
State Fed. Fee

9. State Oil & Gas Lease No.
LC-069515

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

12. County
Lea

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 (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER: **Injection shut-in**

2. Name of Operator
CONOCO INC.

3. Address of Operator
P. O. Box 460, Hobbs, N.M. 88240

4. Location of Well:
UNIT LETTER **D**, **990** FEET FROM THE **North** LINE AND **990** FEET FROM THE **West** LINE, SECTION **25** TOWNSHIP **26S** RANGE **32E** NMPM.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: temporary abandon <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- ① MIRU. POOH w/ injection equip. Run bit & scraper to perms.
- ② Set CIBP @ 4580'. Test CIBP to 1000 psi. Load & press. test csq to 600 psi. for 10 minutes. If csq doesn't test, a sqz procedure will follow.
- ③ Circ. hole full of 9.0 ppg brine (pkr fluid).
- ④ Rig down

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Care O. Anderson TITLE Administrative Supervisor DATE 11-6-86

APPROVED BY _____ TITLE _____ DATE NOV 11 1986

CONDITIONS OF APPROVAL, IF ANY:

NMOCN-Hobbs