

UNIT 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 ☒ <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 P</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO. <u>660' FSL & 660' FEL</u> <u>30-025-08288</u>	9. WELL NO. <u>33</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. 26-26S-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:

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) ☐

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 MIRU. Ran bit and scraper to 4616'. Set CIBP @ 4556'.
- ② Set pkr @ 4525'. Test CIBP to 1000 psi and csg to 620 psi., hedd.
- ③ Circ. 80 bbls pkr fluid. , Rig down on 12/5/86.

I hereby certify that the foregoing is true and correct

SIGNED DF Finney DF FINNEY

TITLE Administrative Supervisor

DATE 3-6-87

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COPIES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

Penalty: Any person knowingly and willfully to make to any department or agency of the Department of the Interior, any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Bonnie - Ruth - Neida

BLM-Carlsbad (6) NMOCN-Hobbs(3) E/LP