

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>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>31</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit N</u>	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
14. PERMIT NO. <u>660' FSL & 1980' FWL</u> <u>30-025-08292</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26-26S-32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

16. 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 ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(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 MIRU. Unseat pkr & POOH
- ② Set CIBP @ 4390'. Test CIBP to 1000 psi & test csg to 600 psi, held.
- ③ Circ. 78 bbls pkr fluid. Rig down on 12/4/86.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/25/87

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED Donna D. Finney TITLE Administrative Supervisor DATE 3-6-87

19. Signature for internal or State office use:

APPROVED BY _____ TITLE _____ DATE _____

COPIES OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side

RECEIVED
MAR 27 1987
OCD
HOBBS OFFICE