

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE
Other instructions on reverse side

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 ☒ Injection
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface Unit 1
14. PERMIT NO. 30-025-08293
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. LC-069515
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME North El Mar Unit
8. FARM OR LEASE NAME
9. WELL NO. #26
10. FIELD AND POOL, OR WILDCAT El Mar Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-26S-32E
12. COUNTY OR PARISH Lea
13. STATE NM

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) ☒ Casing Integrity Test

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

A casing integrity test was run on this well 1-10-90 (see attached chart). This test was run in compliance with NMOCB Rule 704.

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

SIGNED [Signature] TITLE Conservation Coordinator

DATE 5/21/90

(This space for Federal or State office use)

APPROVED BY FOR RECORD ONLY
CONDITIONS OF APPROVAL, IF ANY:

DATE MAY 31 1990

(6)BLM (3)OCD

*See Instructions on Reverse Side (1)File