

UNITED 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                           | 7. UNIT AGREEMENT NAME<br>North El Mar                              |
| 2. NAME OF OPERATOR<br>CONOCO INC.                                                                                                         | 8. FARM OR LEASE NAME<br>North El Mar Unit                          |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240                                                                                 | 9. WELL NO.<br>9                                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface Unit A | 10. FIELD AND POOL, OR WILDCAT<br>El Mar Delaware                   |
| 14. PERMIT NO.<br>30-025-08298                                                                                                             | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 26-26S-32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>990' FNL & 660' FEL                                                                      | 12. COUNTY OR PARISH<br>Lea                                         |
|                                                                                                                                            | 13. STATE<br>NM                                                     |

16.

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 COMPLETION

ABANDON\*

CHANGE PLAN\*

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 forms.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state pertinent details, and give pertinent dates, including estimated date of starting and 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/ production equip. Make bit & scraper run to perfs.
- ② GIH w/ CIBP & pkr to  $\pm 4570'$ . Set CIBP @  $\pm 4570'$ . Test CIBP to 1000 psi. Test backside to 600 psi.
- ③ Rel pkr & POOH. Circ. hole full of 10.0 ppg brine. Rig down.

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

SIGNED [Signature] TITLE Administrative Supervisor

DATE 12-17-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE

DATE 12-18-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

DEC 22 1986

OCD  
HOBBS OFFICE