

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-071985

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	7. UNIT AGREEMENT NAME North El Mar Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. #50
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit H 330' FSL & 330' FEL	10. FIELD AND POOL, OR WILDCAT El Mar Delaware
14. PERMIT NO. 30-025-08305	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-26S-32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	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 COMPLETION ☐

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.)

A casing integrity test was run on this well 5-17-90 (see attached chart). This test was run in compliance with NMOCED Rule 704.

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

SIGNED

H.A. Ingram

TITLE Conservation Coordinator

DATE

5/21/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

MAY 31 1990

FOR RECORD ONLY

(6) BLM (3) OCD

*See Instructions on Reverse Side (1) File