

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(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 ☒ <i>Injection</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-068777</i>
2. NAME OF OPERATOR <i>CONOCO INC.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, N.M. 88240</i>	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 <i>Unit B</i>	8. FARM OR LEASE NAME <i>North El Mar Unit</i>
14. PERMIT NO. <i>660' FNL & 1650' FEL</i> <i>30-025-08311</i>	9. WELL NO. <i>46</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>El Mar Delaware</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 35-265-32E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☒ <i>Temporary Abandon</i>	

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 markets and zones pertinent to this work.)

- ① MIRU. Rel pkr & POOH. Tag @ 4575'
- ② Set CIBP @ 4484' & pkr @ 4452'. Test CIBP to 700 psi & csg to 600 psi, held.
- ③ Circ. w/ 80 bbls pkr fluid. Rig down on 12/16/86.

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

SIGNED *Wendy DE FINNEY*

TITLE *Administrative Supervisor*

DATE *3-6-87*

20. SPECIAL AGENT OR STATE OFFICE USE:

21. APPROVALS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side