

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on
reverse side)

E*
re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-02791(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit H

490' FNL & 330' FEL

14. PERMIT NO.

30-025-08313

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

10. FIELD AND POOL, OR WILDCAT

El Mar Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35-26S-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

16.

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

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 markets and zones perti-
nent to this work.)

① MIRU. Rel pkr & POOH. Tag @ 4597'.

② Set CIBP @ 4485'. Test CIBP to 1000 psi and csg to 500 psi, held ok

③ Circ. w/ 80 bbls pkr fluid. Rig down 12/17/86.

ACCEPTED FOR RECORD

APPROVED FOR MONTH PERIOD
ENDING 7/7

CS
MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Administrative Supervisor

DATE

3-6-87

19. Space for Federal or State office use.

APPROVAL BY

TITLE

DATE

REASON FOR APPROVAL, IF ANY:

*See instructions on Reverse Side