

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 ☐ GAS WELL ☐ OTHER ☒ <u>Injection</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>20</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit L</u>	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
14. PERMIT NO. <u>1980' FSL & 660' FWL</u> <u>30-025-08431</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30-26S-33E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 COMPLETE

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.)

- ① MIRV. set CIBP @ 4610'. Set pkr @ 4605. Test CIBP to 1000 psi, test csq to 500 psi, held. Rel pkr & POOH.
- ② Circ. hole w/ 72 bbls Conoco pkr fluid. Rig down on 11/27/86

ACCEPTED FOR RECORD

CS
MAR 25 1987

APPROVED FOR 12 MONTH PERIOD
ENDING 3/23/88

CARLSBAD, NEW MEXICO

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

SIGNED [Signature] TITLE Administrative Supervisor

DATE 3-6-87

(This space for general or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

RECEIVED
MAR 27 1987
OCU
HHS OFFICE

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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 ☒ <u>Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-2791(A)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	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 <u>Unit L</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
	9. WELL NO. <u>20</u>
	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30-265-33E</u>
14. PERMIT NO. <u>30-025-08431</u>	12. COUNTY OR PARISH <u>Lea</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>1980' FSL & 660' FWL</u>	13. STATE <u>NM</u>

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) ☒

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.)*

- ① MIRV. Set CIBP @ 4610'. Set pkr @ 4605. Test CIBP to 1000 psi, test csq to 500 psi, held. Rel pkr & POOH.
- ② Circ. hole w/ 72 bbls Conoco pkr fluid. Rig down on 11/27/86

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

SIGNED Donna D. Finney TITLE Administrative Supervisor

DATE 3-6-87

(For signature of Bureau or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See instructions on Reverse Side

RECEIVED
MAR 17 1987
OCD
HOBBS OFFICE

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 38240

(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 Shut-in

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 L

14. PERMIT NO.

30-025-08431

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

1980' FSL & 660' FWL

5. LEASE DESIGNATION AND SERIAL NO.

NM 2791(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

North El Mar Unit

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

El Mar Delaware

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

Sec. 30-265-33E

12. COUNTY OR PARISH

Lea

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) ☒ temporary abandon

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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.)

- ① MIRU. POOH w/ injection equip. Run bit & scraper to perfs.
- ② Set CIBP @ 4620'. Test CIBP to 1000 psi. Load & press. test csq to 600 psi for 15 minutes. If csq doesn't test, a sqz procedure will follow
- ③ Circ. hole full of 9.0 ppg brine (pkr fluid).
- ④ Rig down.



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

SIGNED Carol O'Leary

TITLE Administrative Supervisor

DATE 11-4-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-13-86

Subject to
Like Approval
by State

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.
BLM - Carlsbad (6) File



RECEIVED
NOV 15 1986
AC 225-2-1-12