

UNITED 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 02791(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 F</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO. <u>1880' FWL & 1650' FWL</u> <u>30-025-08434</u>	9. WELL NO. <u>18</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30-26S-33E</u>
	12. COUNTY OR PARISH <u>Lea</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) ☒ temporary abandon

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 MIRU. POOH w/ tbg & pkr. Ran scraper to 4721'.
- ② Set CIBP to 4653'. Test CIBP to 1000 psi & csg to 500 psi, held ok.
- ③ Circ. pkr fluid. Rig down on 11-22-86.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/25/88

ACCEPTED FOR RECORD
CS
MAR 25 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED Wm. Finney TITLE Administrative Supervisor

DATE 3-6-87

FOR OFFICE OF STATE OFFICE USE:

COPIES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

RECEIVED

MAR 27 1987
OCD
HOBBS OFFICE

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FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANE ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
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SIGNED William J. Finney TITLE Administrative Supervisor DATE 3-6-87

APPROVED BY _____ TITLE _____ DATE _____

COPIES OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side

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MAR 17 1987
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