

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-065880</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 D</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO. <u>30-025-08436</u>	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>990' FNL & 330' FNL</u>	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>

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 or 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. Tag @ 4692'.
- ② Set CIBP @ 4630'. Tested csq to 685 psi, held
- ③ POOH & circ. pkr fluid. Rig down on 11-14-86.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/25/88

ACCEPTED FOR RECORD

65
MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED John F. Finney TITLE Administrative Supervisor

DATE 3-6-87

(This space for Federal or State office use)

APPROVAL OF
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-065880</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 D</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO. <u>30-025-08436</u>	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>990' FNL & 330' FWL</u>	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>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>temporary abandon</u>	

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. Tag @ 4692'.
- ② Set CIBP @ 4630'. Tested csq to 685 psi, held
- ③ POOH & circ. pkr fluid. Rig down on 11-14-86.

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

SIGNED John Finney TITLE Administrative Supervisor

DATE 3-6-87

(This space for referral or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII ATE*
(Other instruction. n re-
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Shut-in	5. LEASE DESIGNATION AND SERIAL NO. LC-065880
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	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 Unit D 990' FNL & 330' FWL	8. FARM OR LEASE NAME North El Mar Unit
14. PERMIT NO. 30-025-08436	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT El Mar Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-26S-33E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> temporary abandon			

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 @ 4630'. 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 [Signature] TITLE Administrative Supervisor DATE 11-4-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE 11-7-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side