Form 3160-5	HALL OD STATES	-	Form approved.  Budget Bureau No. 1004-0135
(November 1983)	UNI O STATES	SUBMIT IN TRIPL 128 (Other instructions 129 re	Expires August 31, 1985
(Formerly 9-331)	DEPARTMENT OF THE INTE	· · · · · · · · · · · · · · · · · · ·	5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANAGEME	N I	6. IF INDIAN, ALLOTTEE OF TRIBE NAME
	NDRY NOTICES AND REPORTS is form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such		O. IS INDIAN, ALLOTTEE OR TRIBE NAME
i. OIL GAS			7. UNIT AGREEMENT NAME
WELL WELL  2. NAME OF OPERATOR	U other Injection		
	CONOCO INC.		North Fl Mar Unit
3. ADDRESS OF OPERATOR			9. WBLL NO.
P. O. Box 460, Hobbs, N.M. 88240  4. Location of Well (Report location clearly and in accordance with any State requirements.  See also appear 17 below)			10 -10 -10 -10 -10 -10 -10 -10 -10 -10 -
See also space 17 below.) At surface  On 1			10. FIELD AND POOL, OR WILDCAT
	07.110		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
	gan( (1) ( 330' T.))		2/4
14. PERMIT NO.	990' FNL & 330' FWL 15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	Sec. 30 -265 - 33k 12. COUNTY OR PARISH 13. STATE
30-025			Lea NM
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C	
	NOTICE OF INTENTION TO:	,	JENT REPORT OF:
TEST WATER SHUT	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CARING
SHOOT OR ACIDIZE REPAIR WELL	ABANDON®	SHOOTING OR ACIDIZING  (Other) Tempo	ABANDONMENT*
(Other)	Change Teams	(State)	of multiple completion on Well etion Report and Log form.)
17. DESCRIBE PROPOSED proposed work, nent to this work.	OR COMPLETED OPERATIONS (Clearly state all pertin If well is directionally drilled, give subsurface lo )*		
DMIRU. P DSet CI DPOOH F	POOH W/tbg & pkr. Tac BP @4630'. Tested Csq Circ. pkr fluid. Rig c	e @ 46921. Ho 685 psi, held Hown on 11-14-86.	l
		ACCEPTED FOR RECC	
APPRO	OVED FOR MONTH PERIOD	CONTROL TOR RECU	NO NAME OF THE PARTY OF THE PAR
ENDIN	$G = \frac{3/25-/88}{}$	€ J MAR 2 5 1987	
		MAK 2 ) 1987	
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		CARLSBAD, NEW MEX	ico
Id i burgun garrien stat	the oregoing is true and correct		
contract the second sec		Administrativa Supervisor	2 / 47
The same of the same	1111.	Administrative Supervisor	DATE 3-6-87
since space for hete	eval of State office use;		No. 1
CONSTITUTE A	PPROVAL, IF ANY:		DATÉ

\*See instructions on Reverse Side

			Form approved.
Form 3160-5 (November 1983) (Formerly 9-331)	UNI D STATES DEPARTMENT OF THE INTE		Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANAGEME	NT	11-065880
SUN (Do not use thi	NDRY NOTICES AND REPORTS s form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such	ON WELLS	6. IF INDIAN, ALLOTTEE OF TRIBE NAME
ī.		. proposais.)	7. UNIT AGREEMENT NAME
OIL GAS WELL  2. NAME OF OPERATOR	OTHER Injection		S. FARM OR LEASE NAME
3. ADDRESS OF OPERATO	CONOCO INC.		North El Mar Unit
	P. O. Box 460, Hobbs, N.M. 88240		9. WELL NO.
4. LOCATION OF WELL ( See also space 17 be	Report location clearly and in accordance with an	ny State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface	UnitD		El Mar Delaware 11. SBC., T., B., M., OR BLK. AND
	990' FNL & 330' FWL		SURVAT OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF RT CP etc.)	Sec. 30-265-33E
30-025-		DI, 11, (11, EUC.)	12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Box To Indicate	Nature of Nextee Person	Lea NM
	NOTICE OF INTENTION TO:	t .	Other Data
TEST WATER SHUT-0	PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
REPAIR WELL (Other)	CHANGE PLANS	(	porary abandon 1
17 DESCRIPE DECEMBER OF	R COMPLETED OPERATIONS (Clearly	Completion of Recor	its of multiple completion on Well apletion Report and Log form.)
proposed work. If nent to this work.)	R COMPLETED OPERATIONS (Clearly state all perting well is directionally drilled, give subsurface loc	ent details, and give pertinent date extions and measured and true vert	es, including estimated date of starting any ical depths for all markers and rouge parti
DMIRU. PO	ooh w/tbg & pkr. Tag 3f@4630'. Tested csg circ. pkr fluid. Rig d	· Q, 4/9)1	
(2) Set (16	38 0.4130	1. 195	/ /
Beaut to	- 1630. 1831 ea 259	70 685 psi, hel	d
(3) 100H ? (	irc, pkr fluid, kig d	own on 11-14-86.	
	)		
^			
d. : hereby certify that t	he foregoing is true and correct		
SHUNDD THE	$\mathcal{L}$ $\lambda = \mathbb{Z}$	dministrative Supervisor	2 / 42
	())		BATE
individues for i elega	of Spate office use;		
APPLOVAL OT	PROVAL IF ANY.		DATTE

\*See Instructions on Reverse Side

SUNDRY NOTICES A	D STATES  OF THE INTERIOR (Other Instruction a reservoir.)  AND MANAGEMENT  ND REPORTS ON WELLS  1 or to deepen or plug back to a different reservoir.  R PERMIT—" for such proposals.)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SEEIAL NO.  LC-065880  6. IF INDIAN, ALLOTTEE OF TRIBE NAME
OIL GAS	ction Shut-in	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Ho	North El Mar Unit	
4. LOCATION OF WELL (Report location clearly and See also space 17 below.) At surface  Uni+D	in accordance with any State requirements.*	10. FIELD AND POOL, OF WILDCAT  El Mar Delaware  11. SEC., T., B., M., OF BLE, AND  SURVEY OF AREA
990' FNL = 330' F	-WL	
30-025-08436	ATIONS (Show whether DF, RT, GR, etc.)	Sec. 30-265-33E  12. COUNTY OR PARISH 13. STATE
16. Check Appropriate	Box To Indicate Nature of Notice, Report, or C	Lea NM
NOTICE OF INTENTION TO:	1	Uther Ugtg Unit report of:
TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  TO DESCRIBE PROPUSED OR COMPLETED OPERATIONS (CI proposed work. If well is directionally drilled nent to this work.)	OMPLETE  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (NOTE: Report results	ALTERING CASING ABANDONMENT*  of multiple completion on Well etion Report and London
DMIRU. POOH W/ Inject  D Set CIBP @ 4630.7  600 psi for ■ Min.  Circ. hole full of  Rig down.	tion equip. Run bit éscrap Test CIBP to 1000 psi. Lou Utes. If csg doesn't test, a 9.0 ppg brine (pkr fluid).	er to perfs.  ad & press. test csq to  sg2 procedure will for
8. I hereby certify that the foregoing is true and con	rect	
SIGNED HUNT VI	TITLEAdministrative Supervisor	DATE 11-4-86
APPROVED BY COMMITTIONS OF APPROVAL, IF ANY:  Subject to	TITLE	DATE 11-7-56
Like Approva: by State	*See Instructions on Reverse Side	

Title 13 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the University of States any laise, fictitious or traudulent statements or representations as to any matter within its jurisdiction.

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