

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(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 ☐ GAS WELL ☐ OTHER ☒ Injection	5. LEASE DESIGNATION AND SERIAL NO. NM-02791(A)
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	8. FARM OR LEASE NAME North El Mar Unit
	9. WELL NO. 41
	10. FIELD AND POOL, OR WILDCAT El Mar Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-265-33E
14. PERMIT NO. 30-025-08437	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 660' FNL & 660' FWL	13. STATE NM

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 MIRU. Rel pkr & POOH. TFF @ 4667'.
- ② Set CIBP @ 4585' and pkr @ 4554'. Tested CIBP to 1000 psi and tested csg to 500 psi.
- ③ Circ. w/ 80 bbls pkr fluid. Rig down of 12/10/86.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/25/87

ACCEPTED FOR RECORD

GP
MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED

Robert D. Finney

TITLE

Administrative Supervisor

DATE

3-6-87

FOR SIGNATURE OF SUPERVISOR OR STATE OFFICE USE:

APPROVAL

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

RECEIVED
MAR 27 1987
OCD
HOEBS OFFICE