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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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>1935' FNL</u> <u>30-025-08440</u>	9. WELL NO. <u>57</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. 31-26S-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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☒ <u>temporary abandon</u>	

(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. Tag @ 4700'.
- ② Set CIBP @ 4560' & pkr @ 4530'. Test CIBP to 1000 psi & test csg to 500 psi.
- ③ Circ. w/ pkr fluid. Rig down on 12/19/86

I hereby certify that the foregoing is true and correct

SIGNED Deane Finney DEANE FINNEY

TITLE Administrative Supervisor

DATE 3-6-87

(This space for Federal or State office use)

COPIES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

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SUBMIT IN TRIP DATE
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Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

NO 88240

(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	5. LEASE DESIGNATION AND SERIAL NO. NM 2791(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 F	8. FARM OR LEASE NAME North El Mar Unit
14. PERMIT NO. 1935' FNL & 2090' FWL 30-025-08440	9. WELL NO. 57
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. 31-26S-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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☒ temporary abandon	

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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. POOTH w/ injection equip. Run bit & scraper to perfs.
- ② Set CIBP @ 4610'. 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 Ceal O. Yaband 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