

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                      | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>LC-030168(A)</u>                |
| 2. NAME OF OPERATOR<br><u>CONOCO INC.</u>                                                                                                             | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |
| 3. ADDRESS OF OPERATOR<br><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.*<br>See also space 17 below.)<br>At surface <u>Unit 0</u> | 8. FARM OR LEASE NAME<br><u>Eaves A</u>                                   |
| 14. PERMIT NO.<br><u>330' FSL &amp; 2310' FEL</u><br><u>30-025-12007</u>                                                                              | 9. WELL NO.<br><u>1</u>                                                   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                        | 10. FIELD AND POOL, OR WILDCAT<br><u>Scarborough Yates - 7 Rurs</u>       |
|                                                                                                                                                       | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Sec. 19-26S-37E</u> |
|                                                                                                                                                       | 12. COUNTY OR PARISH<br><u>Lea</u>                                        |
|                                                                                                                                                       | 13. STATE<br><u>NM</u>                                                    |

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

NOTICE OF INTENTION TO:

|                     |                            |                      |                                     |
|---------------------|----------------------------|----------------------|-------------------------------------|
| 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)             | <u>temporarily abandon</u> |                      | <input checked="" type="checkbox"/> |

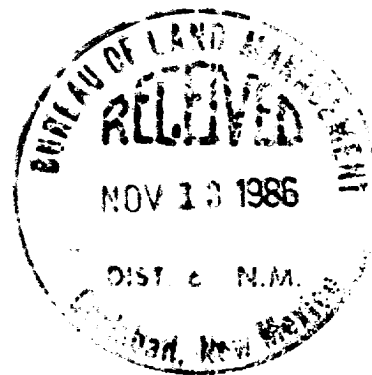
SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| 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 type="checkbox"/> |
| (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. POOH w/ tbg & submersible pump. Run bit & scraper to 2820'.
- ② set CIBP @ ±2820'. Load hole & test csg to 500 psi for 15 minutes.
- ③ Circulate hole full of pkr fluid
- ④ Rig down



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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 11-12-86

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-13-86

\*See Instructions on Reverse Side