

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030168A</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, New Mexico 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>1980' FSL & 1980' FWH - Unit Letter K</u>	8. FARM OR LEASE NAME <u>Jones A</u>
	9. WELL NO. <u>No. 5</u>
	10. FIELD AND POOL, OR WILDCAT <u>Scarbrough Gates 7R</u>
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>19-26S-37E</u>
14. PERMIT NO. <u>30-025-12011</u>	12. COUNTY OR PARISH <u>Lea</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

(Other) Convert to Temporary Test Injection Well

(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. Pick up 5 1/2" pka & 93, ts 2 7/8" 6.4# 5.55 EUC 8th Htg & set at 2880'.
2. Load backside & pressure test to 500 psi.
3. Establish injection rates & monitor pressure.
4. Lay 2 7/8" transfer line & test to 500 psi.
5. Make any required wellhead modifications and tie-in. Begin injection.

RECEIVED
OCT 19 8 39 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED DE FUNEY

TITLE Administrative Supervisor

DATE October 15, 1987

(This space for Federal or State office use)

APPROVAL OF
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-5-87

*See instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlsbad (6) ARCO (2) Amoco (2) Chevron (1) File.