

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. AC-030168B
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 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 660' FWH & 1980' FWH - Unit Letter C		8. FARM OR LEASE NAME Eaves B-1
14. PERMIT NO. 30-025-12015	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 18
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Scandinavian Water 7 Rows
		11. SEC. T. R. M. OR BLM. AND SURVEY OR AREA 19-26S-37E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

MIRU. Set CIBP at 3035' & test to 300 psi. Spot 60 sacks cement. Wait on cement. Tag cement plug at 2340' w/wh. Spot 40 sacks cement at 1360'. Pay 4 spF at 50'. Bullhead 20 sacks cement & circulate to surface. Inside & out of 7" csg. Install P&A marker on 4/21/88.

RECEIVED
 AUG 19 11 52 AM '88
 OFFICE OF THE ASSISTANT ATTORNEY GENERAL

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

SIGNED Robert J. DUNN TITLE Administrative Supervisor DATE August 7 1988

APPROVED FOR GENERAL OR STATE OFFICE USE: _____ TITLE _____ DATE 9-8-88

COORDINATIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

32M-Casino (6) Area (2) Amoco (2) Chevron (1) Tel.

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