

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
verse side)

CATE
on re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030168A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eaves A

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Scabrough Lakes 7 Rvrs

11. SEC., T., R., MOOR BLM, AND
SURVEY OR AREA

30-26S-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

660' FNL & 660' FWL - Unit Letter D

14. PERMIT NO.

30-025-12082

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

(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. MIRR

2. Run CSG scraper to PBTD at 3216'

3. Set pkr at 3100'. Load back side & pressure up CSG to 500 psi.

4. Acidize with a total of 50 bbls (2100 gals) 15% NE-FE-HCH acid inhibited for 48 hrs at 100° F. Flush w/ 20 bbls brine. SI well for 1 hr. Swab well.

5. Run producing equipment & place on production.

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

SIGNED *[Signature]* TUNNEY

TITLE Administrative Supervisor

DATE June 27, 1988

FOR SPACE FOR (General or State office use)

APPROVAL *[Signature]*
SIGNATURES OF APPROVAL, IF ANY:

TITLE *[Signature]*

DATE 7-18-88

*See instructions on Reverse Side

Section 101 of the Federal Criminal Code 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-Callstad (6) Ared (2) Amato (2) Cheever (1) Lib.

RECEIVED
JUN 28 10 57 AM '88
OAR
AM