

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THIS DATE
(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 level. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Eaves A
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 15
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 2540' FFL - Unit Letter O	10. FIELD AND POOL, OR WILDCAT Scarborough Gates 7 Rvs
14. PERMIT NO. 30-025-23912	11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA 19-26S-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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:

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>Return to Production</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) <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.)*

1. MIRR. Kill well if necessary at 2 7/8 KCH TFW.
 2. POOH w/ 2 7/8" Hg & pump.
 3. Inspect fiberglass Hg.
 4. Assemble submersible pump.
 5. Hydro-test fiberglass Hg to 2500 psi G/H.
 6. Set pump intake at 2850' as before & return to production.
- For further information contact Brian Horanoff at 397-5867

RECEIVED
JAN 25 10 54 AM '89
OIL
AREA

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

SIGNED Martine Simpson

TITLE Administrative Supervisor

DATE January 29, 1989

(This space for Federal or State office use)

APPROVED By [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-7-89

*See Instructions on Reverse Side