

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(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 ☐	7. UNIT AGREEMENT NAME <i>North El Mar Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc</i>	8. FARM OR LEASE NAME <i>North El Mar</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbes, New Mexico 88240</i>	9. WELL NO. <i>60</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>500' FSL & 1650' FSL - Unit Little C</i>	10. FIELD AND POOL, OR WILDCAT <i>El Mar Delaware</i>
14. PERMIT NO. <i>30-025-25390</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>35, T-26S R-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <i>Temporary Abandon</i> ☒	

SUBSEQUENT REPORT OF:

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

MIRU, Set CIP at 4000' & test to 1000 psi. Load backside & pressure test wsg to 1000 psi. Circ hole full of treated 16.0 ppq. Linear packer fluid. Rig down. [Hold for CO₂ injection project in year 1988 w/ Neal Kindrick.] SJS 7/16/87

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

APPROVED: *[Signature]* TITLE: *Administrative Supervisor* DATE: *April 20, 1987*
This space for Bureau or State office use:
APPROVED: *[Signature]* TITLE: *[Signature]* DATE: *7-17-87*
CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

RECEIVED
JUL 20 1987
OCD
HOBBS OFFICE