

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Budget Base of 1984
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
LC-030168 (A)
IF INDIAN, ALLOTTEE OR TRIBE NAME

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
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Eaves A
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240	9. WELL NO. 16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	10. FIELD AND POOL OR WILDCAT Scarborough Yts 7-Rvrs
11. SEC., T., R., S., OR BLE. AND SURVEY OR AREA Sec. 19, 26S, 37E	12. COUNTY OR PARISH Lea
13. STATE Nm	
14. PERMIT NO. 30-025-30423	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2976' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Set prod. Csg. ☒	

(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.)

Ran 83 jts of 5 1/2", 15.5 #, K-55 production casing.
Cemented w/1000 sxs Class "C". No cement returns.
Ran Temperature Survey 8 hrs. after cementing.
TOC @ 2750'.

RECEIVED
SEP 11 10 37 AM '88

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

SIGNED *D.F. Finney* **D.F. Finney** TITLE **Adm. Supervisor** DATE **9/9/88**

(This space for Federal or State Office use)

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY _____

ACCEPTED FOR RECORD
SEP 22 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO