

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-030168 (A)

6. 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 ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit F

1550' FNL + 2460' FWL

14. PERMIT NO.

30-025-30423

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

2976' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eaves A

9. WELL NO.

16

10. FIELD AND POOL OR WILDCAT

Scarborough Yts 7-Rvrs

11. SEC., T., R., W., OR BLE. AND
SURVEY OR AREA

Sec. 19, 26S, 37E

12. COUNTY OR PARISH

Lea

13. STATE

Nm

18. 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 COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud + Set surf. csq

(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.)

Spud well @ 6:00 PM on 8/29/88. Ran 28jts of 8 5/8",
24# + 32#, K-55 surface casing. Cemented w/ 700 sxs
Class "C" with 140 sxs returns.

SEP 14 10 30 AM '88

RECEIVED

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

SIGNED D.F. Finney TITLE Adm. Supervisor

DATE 9/9/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

SEP 22 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

RECEIVED

SEP 26 1988

REC
MOBILE OFFICE