pushed to bottom, 8375', and circulated clean. Perf'd 8220'-8234 with 4 SPF. Ran pkr., tbg. and seating nipple and set pkr. at 8201'. Tested pkr. to 1000 PSI for 15 minutes and ok. Ran Base Temp Gamma Ray Log. Spotted 30 BBL acid to pkr. Pumped 15 BBL acid and communicated to upper perfs. Reversed out 39 BBL acid. Released pkr. and pulled tbg. Set pkr. at 8046'. Spotted 28 BBL acid to pkr. Pressure tested backside to 1000 PSI. Pumped 3000 gals. NEFE 15% HCL and additives. Jagged radio active material. Ran after-treatment survey. Swbd. Released pkr. and reset at 8015'. Pulled tbg. Reset pkr. at 7951'. Circulated clean. Swbd. Released pkr. and Ran tbg. to 7997'. MOSU 3-7-85.

Form 3160-5
November 1983)
Formerly 9-331)

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

RECEIVED BY
APR -3 1985
ARTESIA, OFFICE

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-029392(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Greenwood Federal
9. WELL NO.: 2
10. FIELD AND POOL, OR WILDCAT: Wildcat Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 34-18-31
12. COUNTY OR PARISH: Eddy
13. STATE: NM

1. OIL WELL ☒ GAS WELL ☐ OTHER Recompletion
2. NAME OF OPERATOR: Conoco Production Company
3. ADDRESS OF OPERATOR: P.O. Box 68, Hobbs NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980'FNL X 1980'FEL (Unit G, SW/4, NE/4)
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3650' KB

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)	
(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.)*

Pulled tbg. and perf'd Bone Springs intervals 8220'-8234' with 4 SPF. Ran pkr. and tbg. and set pkr. at 8202'. Swb'd. Ran before-treatment survey. Ran tbg. to 8250'. Spotted 126 gals. 15% HCL with additives. Pulled tbg. and set pkr. at 8070'. Acidized with 3000 gals. 15% HCL and additives. Ran after-treatment survey. Swb'd. Pulled tbg. and set pkr. at 7934'. Swb'd. Ran cast iron bridge plug and set at 8215'. Ran cmt. retainer and set at 7930'. Squeezed perfs 8155'-8180' with 75 sx Class H with additives and 75 sx Class H Neat. Reverse out 4 sx. Drilled out cmt. retainer and cmt. to 8045'. Circulated clean. Drilled out to 8183' and tagged cast iron bridge plug at 8215'. Pressure tested squeeze to 1000 PSI and OK. Drilled out cast iron bridge plug and

)+5-BLM,C 1-JRB 1-FJN 1-GCC

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

SIGNED Bonita Coble TITLE Administrative Analyst DATE 3-19-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 2 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, 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.