

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL, GAS, & COAL
SUBMIT IN TRIPLI
Drawings (Other instructions
reverse side)
Artesia, NM 8821

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 SWD well

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

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

RECEIVED BY
AUG 15 1985
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-342

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Monson to Foster

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5-20S-25E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.
API# 30-015-10340

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
660' FNL & 660' FWL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT. <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Repair CSG

(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 on 7/15/85. Set RBP @ 9875'. Found hole betw 9098' & 9282'. Dump 2 sxs sand on RBP. Set cmt ret @ 8995'. Pmpd 150 sxs class "H" cmt w/ 2% CaCl₂. Set pkr @ 6250'. Spot 100 sxs class "C" cmt w/ 2% CaCl₂, displace w/ 36.5 bbls wtr. Rel pkr. TOC @ 6369'. Drill to 6571' & fell thru. DO 10' cmt on top of ret @ 8995'. Drill thru ret. & 125' of cmt to 9120'. DO to 9260' & fell thru. Circ. sd off RBP. Set pkr @ 9879'. Run inj. equipment & start injecting.

Witnessed by B.W. Weaver of Artesia NMOC & verbal app'l. from Bob Ritscke w/ BLM on 7/30/85.

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

SIGNED

TITLE Administrative Supervisor

DATE 7/31/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 8-14-85

Subject to
Like Approval

*See Instructions on Reverse Side