

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

6. LEASE DESIGNATION AND SERIAL NO.

NM-1372

6. IS INDIAN ALLOTTEE OR TRIBE NAME

7. UNIFORM AGREEMENT NAME

8. FARM OR LEASE NAME

Barbara Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

No. Dagger Draw - Penn

1. SEC., T., R., E., OR B.L. AND
SURVEY OR AREA

Sec. 17-19S-2SE

2. COUNTY OR PARISH 12. STATE

Eddy

NM

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, N.M. 88240

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

14. PERMIT NO.
1980' FSL & 660' FWL
30-015-10761

15. ELEVATION (Show whether DT, ST, GR, etc.)

RECEIVED BY

JAN 29 1987

O. C. D.

ARTESIA, OFFICE

16. 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 FLUID ☐
(Other) ☐

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 COMPLETION OPERATIONS. Clearly state pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markets and zones pertinent to this work.

- ① MIRV on 11-12-86. Tagged CIBP @ 7640'. Spotted 17 sxs class "H" From 7440' - 7640'. Shot 4 holes @ 5550'.
- ② Set retainer @ 5383'. Pumped 70 sxs class "H" cmt. Spot 13 sxs cmt on top. Shot 4 holes 2130'. Set retainer @ 2050'. Pumped 700 sxs class "H" did not circ. to surface. Spotted 9 sxs on top ret. Ran temp. survey to find TOC. TOC @ 410'. Shot 4 holes @ 350' & pumped 200 sxs class "H" down 4 1/2" w/ no returns.
- ③ Tag cmt @ 103' in 4 1/2" & 75' in 9 5/8". Spotted 10 sxs class "H" down 4 1/2" and 9 5/8" csg. Installed P & A marker and rig down.

Post ID-2
2-6-87
P+H

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 1-19-87

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 1-26-87

CONDITIONS OF APPROVAL, IF ANY:

Approved on
Liability on
surface responsibility on

*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.

BLM - Carlsbad (6) ~~APPROVED~~ AMOCO (2) File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-13724

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barbara Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

No. Dagger Draw - Penn

11. SEC., T., R., OR BLK. AND
SURVEY OR AREA

Sec. 17-195-25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 Shut-in

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 Unit L

14. PERMIT NO.
30-015-10761

15. ELEVATIONS (Show whether of, at, or below surface)
1980' FSL & 660' FWL

RECEIVED BY

AUG 28 1986

O. C. D.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

1. det C. R. at 7640' squeeze perfor.
2. MIRU. Spot 17 sxs Class "H" Ent from 7440'-7640'. 61H & perf @ 5500' w/4 JS PF.
3. Set cmt retainer @ 5490'. Establish pump-in rate, pump 70 sxs Class "H" & displace all but 13 sxs. Spot 13 sxs from 5340'-5490'. IF no pump-in rate is established, spot 13 sxs on ret from 5340'-5490'. Attempt to perf two strings.
4. 61H & perf @ 2130' w/4 JS PF. Set cmt retainer @ 2120'. Establish a pump-in rate. Attempt to circ. to surface thru both strings, pump 725 sxs class "H" cmt & displace all but 9 sxs. Spot 9 sxs from 2020'-2120'. IF unable to circ. to surface, pump 40 sxs class "H" & displace all but 9 sxs. Spot 9 sxs from 2020'-2120'.
5. If we weren't able to circ. both strings, 61H & perf @ 1120' w/4 JS PF. Set cmt retainer @ 1110'. We want holes thru both strings of csq. Establish circ. to surface and pump 400 sxs cmt & displace all but 9 sxs. Spot 9 sxs from 1010'-1110'. IF we were able to circ. to surf. @ 2130'. Spot 100' plug from 1020'-1120'.
6. Spot plug from 50' to surf. Cut off well head & install P&A marker. Rig down. A P&A sketch is attached.

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

SIGNED *[Signature]*

TITLE Administrative Supervisor

DATE 8-13-86

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE

DATE 8/26/86

CONDITIONS OF APPROVAL, IF ANY:

*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.

BLM-Carlsbad(6) File.

Barbara Federal No. 4

