

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

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 <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Contract No. 36
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1020' FWL	8. FARM OR LEASE NAME NE Haynes
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Otero Gallup/Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21-24N-5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 PLANS

(Other) rep. csg leak DO pkr

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 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. DO pkr. Set RBP @ 5336' & pkr @ 4750'. Pressure test csg from 4750' to 5336' to 1500 psi. Locate csg leak. Reset pkr @ 200' above csg leak & spot 2 sxs sand on top of RBP. Pump 100 sxs class "B" lite & tail w/100 sxs class "H" thixotropic w/ 4% CaCl₂. Flush to ± 100' above csg leak. Rel pkr. DO cmt. Test squeeze to 1500 psi for 15 minutes. Rel RBP. Ret. to prod.

RECEIVED

APR 11 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

David Smylie

TITLE

Administrative Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE 3/28/85

DATE 3-28-1985

John H. Kelly

John H. Kelly

John H. Kelly

*See Instructions on Reverse Side

NMOCO