

Form 3160-5  
(June 1990)

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION

P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.  
LC 032096A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
LOCKHART A-27 #2

9. API Well No.  
30-025-06801

10. Field and Pool, or Exploratory Area  
PADDOCK

11. County or Parish, State

LEA CO., NM

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Conoco Inc.

3. Address and Telephone No.  
10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1980' FWL, SEC. 27, T-21S, R-37E, UNIT LTR 'F'

**12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other ACIDIZE  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

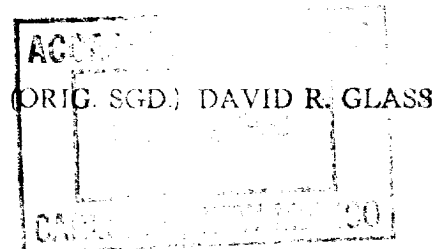
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

2-5-93 MIRU. GIH W/ PARAFFIN KNIFE, PUMPED 250 gal XYLENE & FLUSHED W/ 10 bbl 9# BRINE. ACIDIZE PADDOCK W/ 1500 gal 15% NEFE HCL & 250# ROCK SALT. PUMPED SCALE SQUEEZE TREATMENT.

2-10-93 RDMO. RETURN WELL TO PRODUCTION.

WELL FLOWING THRU 24/64 CHOKE AT 17 BO, 104 BW & 320 MCF.



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

Signature *David R. Glass*

Title SR. REGULATORY SPEC

Date 2-26-93

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_ Date \_\_\_\_\_

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.

\*See Instruction on Reverse Side