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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-031670A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED
OCT 20 11 02 AM '88
CAR
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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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Conoco Inc.

8. FARM OR LEASE NAME
SEMU Permian

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

9. WELL NO.
15

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL & 660' FWL - Unit Letter L

10. FIELD AND POOL, OR WILDCAT
Skaggs Grayburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-20S-38E

14. PERMIT NO.
30-025-07810

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) CO, Acidize & Run Prod Eq [X]	
(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.)*

Work started 7/25/88. MIRU. Set wash & clean out to 3878'. Acidize w/4750 gals 15% HCL & 220 gals Unichem 425. Run producing equipment. Work completed on 7/29/88

I hereby certify that the foregoing is true and correct
SIGNED Nancy DeFinney TITLE Administrative Supervisor DATE October 18, 1988

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 31 1988
SJS
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side