

**U. S. DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

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

LEASE DESIGNATION AND SERIAL NO.

NM-557686

**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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>CONOCO INC.</b></p> <p>3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, N.M. 88240</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>Unit D</b></p> <p>14. PERMIT NO. <b>660' FNL &amp; 660' FWL</b> <b>30-025-20656</b></p>	<p>5. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>SEMU Tobb</b></p> <p>9. WELL NO. <b>86</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Monument Tobb</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 14-205-37E</b></p> <p>12. COUNTY OR PARISH   13. STATE <b>Lea   NM</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

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) <b>open add'l pay &amp; acidize</b> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

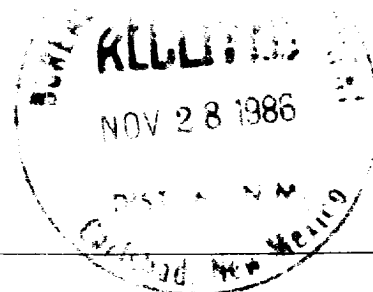
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- ① MIRU on 10-15-86, POOH w/pump. Ran scraper to 6700'. Spot 5 bbls 28% HCL from 6620'-6441'.
- ② Perf @ 6441', 46', 58', 61', 64', 67', 70', 73', 79', 82', 85', 6504', 10', 13', 16', 24', 46', 48', 59', 62', 65', 87', 6600', 03', 12', 20' w/ 1 JSPF. Set pkr @ 6227'.
- ③ Acidized w/ 80 bbls 28% HCL, flushed w/ 46 bbls TFW. Swabbed.
- ④ Pumped scale sqz mixture, flushed w/ 80 bbls TFW. W/H w/ prod. equip.
- ⑤ Rig down & test pumped 12 BO, 25 BW, 3 MCF on 10-31-86.

ACCEPTED FOR RECORD

*Good*  
DEC 2 1986

CARLSBAD, NEW MEXICO



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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE 11-24-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED  
DEC 9 1986  
HOBBS OFFICE