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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fed, Fee   
5. State Oil & Gas Lease No.  
**LC-032096 (B)**

**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 - 1" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL  GAS WELL  OTHER **SWD well**

2. Name of Operator **CONOCO INC.**

3. Address of Operator **P. O. Box 460, Hobbs, N.M. 88240**

4. Location of Well  
UNIT LETTER **K** **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM  
THE **West** LINE, SECTION **13** TOWNSHIP **21S** RANGE **37E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name **Lockhart B-13A**

9. Well No. **4**

10. Field and Pool, or Wildcat **Blinbry Oil & Gas**

15. Elevation (Show whether DF, RT, CR, etc.)

12. County **Lea**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <b>pressure test casing</b> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

① This well was pressure tested on 7-31-86 @ 500 psi for 15 min. No leakoff was detected.

② A pressure test chart is attached.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Alan H. Vogel* TITLE Administrative Supervisor DATE 8-5-86

ORIGINAL SIGNED BY JERRY DEXTON  
APPROVED BY DISTRICT 1 SUPERVISOR TITLE \_\_\_\_\_ DATE **AUG 7 1986**

LOCATION OF APPROVAL (IF ANY): NMOCB-Hobbs

