

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(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 type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-030168B
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 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 1980' FNK & 1980' FWL - Unit Letter F	8. FARM OR LEASE NAME Leaves B-1
14. PERMIT NO. 30-025-12080	9. WELL NO. No. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Amoco / Scarborough Yates
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7 RURS
	12. COUNTY OR PARISH Lea
	13. STATE NM

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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. MIRR.
2. Run Scaper
3. Set CIBP at 2950'. Load & circulate hole full w/ 41 bbls 9.5 ppq mud (9.0 ppq brine plus 25 sacks gel/100 bbls brine). Pressure test casing to 300 psi.
4. Spot 20 sx cement plug on top of CIBP. Displace w/ 15.1 bbls 9.5 ppq mud. Top of plug at 2661'.
5. POOH to 1500' & spot 20 sx cement plug. Displace w/ 6.7 bbls 9.5 ppq mud. Top of plug at 1211'. POOH.
6. Perforate at 410' w/ 4 js p f.
7. Establish circulation down casing & up surface casing / casing annulus. Circulate 125 sx surface cement plug.
8. Install P & A marker

I hereby certify that the foregoing is true and correct

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE October 12, 1987

(This space for Federal or State office use)

APPROVAL OF _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-5-87

*See instructions on Reverse Side

Title 18 USC 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.

BLM-Carlsbad (6) ARCD (2) Amoco (2) Chevron (1) File

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OCD
HOBS OFFICE