

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
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"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Hawk B-3
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit R	10. FIELD AND POOL, OR WILDCAT Drinkard
14. PERMIT NO. 1980' FSL & 1980' FEL 30-025-06493	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T215-R37E
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:

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 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 checked="" type="checkbox"/> ACIDIZE Drinkard	

(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.)*

MIRU on 8/1/85. Set pkr @ 6410' Pump 100 bbls 15% HCL-NE-FE acid w/4 drums parasperse in 2 stages. Bld w/1000 lbs rock salt in 12 bbls gelled brine. Swab. Rel pkr and hang well on. Rig down on 8/6/85.

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

SIGNED

Kevin L. Coyle

TITLE

Administrative Supervisor

DATE

9-24-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Seid

TITLE

DATE

SEP 30 1985

*See Instructions on Reverse Side

RECEIVED

OCT - 3 1985

O.C.D.
HOEBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) squeezed Blinbry perfs ☒

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.)*

MIRU 11/27/81. Removed pkr 6590'. Squeezed Blinbry w/ 125sx Class C cmt. Perfed Drinkard from 6535'-6588'. Acidized lower Drinkard w/ 108 bbls 15% HCL-NE-FE. Swabbed. Acidized upper Drinkard w/ 42 bbls. 28% HCL-NE-FE, flushed w/ 80 bbls. 2% KCL TFW. Acid frac upper Drinkard w/ 124 bbls 40% gelled TFW, 152 bbls. 28% HCL-NE-FE, flush w/ 155 bbls gelled TFW. Tested 12/29/81: 18 BO, OBW, 29 MCF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE February 11, 1982

APPROVED BY
CONDITIONS OF

ACCEPTED FOR RECORD
PETER W. CHESTER
FEB 23 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

space for Federal or State office use)

TITLE _____ DATE _____

See Instructions on Reverse Side

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NM 2512
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Hawk B-3
9. WELL NO.
12
10. FIELD OR WILDCAT NAME
Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T-21S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completions on one change on Form 9-330.)

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO