

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032581(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMEU

8. FARM OR LEASE NAME

Sholes A

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Jalmat Yates 7 Rvrs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 13, T-25S-R-36E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL GAS WELL OTHER

N. M. OIL CONS. COMMISSION

P. O. BOX 1990

2. NAME OF OPERATOR

CONOCO INC.

HOBBS, NEW MEXICO 88240

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, ST, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) plug back

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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. Set CIBP @ 2970'. Set pkr @ 2965' & test CIBP to 1000 psi.
Reset pkr @ 2840'. Acidize w/36 bbls 15% HCL-NE-FE acid. Flush
w/23 bbls 2% KCL TFW. Rel pkr. Return well to prod.

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

SIGNED Kevin Vogel

TITLE Administrative Supervisor

DATE 6/3/85

(This space for Federal or State office use)

APPROVED BY Dan Wood

TITLE acting

DATE 6-18-85

CONDITIONS OF APPROVAL, IF ANY: plg

*See Instructions on Reverse Side

RECEIVED

JUN 20 1985

OFFICE
FEDERAL BUREAU OF INVESTIGATION