

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 ☐ GAS WELL ☐ OTHER SWD Well

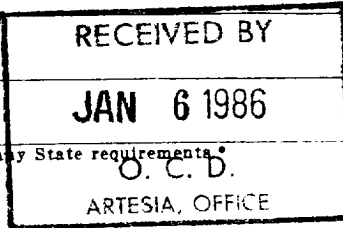
2. NAME OF OPERATOR CONOCO INC.

3. ADDRESS OF OPERATOR P.O. Box 450, Hobbs, NM 88240

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

14. PERMIT NO. 30-015-10340

15. ELEVATIONS (Show whether DF, RT, GR, etc.)



5. LEASE DESIGNATION AND SERIAL NO. 111-142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME C/SF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Alameda East

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5 - 20S - 25E

12. COUNTY OR PARISH Eddy 13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>acidize</u>	

(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 MIKU on 12-14-85
- ② Pmp'd 48 bbls 15% HCL acid, flush w/47 bbls produced water
- ③ Rig down on 12-15-85

ACCEPTED FOR RECORD

SWD
JAN 8 1986

CARISBAD, NEW MEXICO

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 12-31-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL

Subject to
Like Approval
by State

*See Instructions on Reverse Side