

RECEIVED BY

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FEB 18 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. ARTESIAN OR CASE
WELL ☒ 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEH

14. PERMIT NO.

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

3552' GP

5. LEASE DESIGNATION AND SERIAL NO.

NM 1372

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barbara Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

N. Dagger Draw Upper Penn

11. SEC., T., R., M., OR S.E. AND
SURVEY OR AREA

Sec. 18-19S-25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO:

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

(Other) drill out CIBP



SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☐(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. Rel pkr @ 7656'. DO CIBP @ 7720'. CO to 7900'. Spot 7
bbls 10% acetic acid from 7900'-7600'. Swab. Install
submersible pump & set @ 7550'. Place well on production.

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

SIGNED

David S. Smyth

TITLE

Administrative Supervisor

DATE

2/4/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2/5/85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side