

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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 ☐
2. NAME OF OPERATOR CONOCO INC. ✓
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240

JAN 24 1985

O.C.D.

ARTESIA OFFICE

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

810' FSL & 990' FWL

14. PERMIT NO.

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

3334 GL

5. LEASE DESIGNATION AND SERIAL NO.

NM-24160

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tuesday Fed

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. Strawn/Morrow

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

Sec 34-19S-29E

EDDY
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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) set surface csg

(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. Spud well at 10:00 a.m. 1/11/85. Ran 25 jts., 13 3/8", 48", H-40, ST & C esg set @ 1120'. Cmt w/600 sxs class "C" plus 18% salt & 1/4 #/sx flocele. Tail w/100 sxs class "C" plus 2% CaCl₂ & 1/4 #/sx flocele. Circ. 45 sxs to surface. WOC

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

SIGNED

David D. Smylie

TITLE

Administrative Supervisor

DATE

1/10/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

JAN 17 1985

*See Instructions on Reverse Side