

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL & GAS. COMMISSION
Drawer DD
Artesia, NM 88210
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.)

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|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | RECEIVED BY JUL 5 1985 O. C. D. ARTESIA OFFICE |
| 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 810' FSL & 990' FWL | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |

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| 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 Undesignated Wolfcamp/Morrow | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34-19S-29E | |
| 12. COUNTY OR PARISH Eddy | 13. STATE NM |

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| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>bradenhead squeeze</u> <input checked="" type="checkbox"/> | |
| (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.) *

Repressured 7" csg to 1000 psi and 9 5/8" csg to 550 psi. Cemented 13 3/8"-9 5/8" csg annulus w/179 sxs CL-C w/1/4" sx celloflake. Squeeze press to 1100 psi. Shut-in surface csg. Bled press off 7" csg. Rel RBP @ 9200'. Circ csg w/ 150 bbls 9.3# TBW. Ran completion string & 2 3/8" long string. Well completion report to follow. Verbal app'l. to squeeze obtained on 6/11/85 by Bob Pitscke.

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| 18. I hereby certify that the foregoing is true and correct | | |
| SIGNED <u>[Signature]</u> | TITLE <u>Administrative Supervisor</u> | DATE <u>6/14/85</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>[Signature]</u> | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |

JUL 3 1985

*See Instructions on Reverse Side