

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse 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 ☐	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	AUG 05 '88	8. FARM OR LEASE NAME Tuesday Federal
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	C.C.D. ARTESIA OFFICE	9. WELL NO. 1
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		10. FIELD AND POOL OR WILDCAT Wolfcamp
14. PERMIT NO. 30-015-25123	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-19S-29E
		12. COUNTY OR PARISH Lea
		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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Plug Morrow & Test Lower Wolfcamp	☒
(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 and 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.)

Work started on 5/14/88. Pull dual ABG strings. Fish out prod pks. Set CIBP at 11,020' & dump 8 sxs cement on top. Set CIBP at 9720' & dump 8 sxs cement on top. Plug Lower Wolfcamp from 9308' - 9329'. Acidize w/55 bbls of HCL-NF-FE. Swab back load. Work completed on 5/23/88

RECEIVED
JUL 21 11 40 AM '88
CARLSBAD OFFICE
AREA HEADQUARTERS
Post FD-2
8-12-88
P.H. Mor. Zon

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

SIGNED <u>[Signature]</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>July 14, 1988</u>
ACCEPTED FOR RECORD		
APPROVAL OF <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

JUL 29 1988

*See instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO