

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
Other instruction
Reverse side

DATE
ON

LEASE DESIGNATION AND SERIAL NO.

NM-1372

IF INDIAN, ALLOTTEE OR TRIBE NAME

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

MAR 7 '90

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, NM 88240

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

1980' FNL & 1980' FEL

14. PERMIT NO.

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

3589

8. FARM OR LEASE NAME

Barbara Federal

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

N. Dagger Draw Upper Perm.

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

Sec. 18, T-19S, R-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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud + Run Surface Csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Spudded 5/21/90 @ 5:00 P.M. On 2/23/90 Ran
29 jts of 9 5/8", 36#, K-55, ST+C csg. Cemented
as follows: Lead 800 sxs. Class "C" PLS.
Tail 1200 sxs. Class "C".
Circulated - 160 sxs. to surface.
Surface csg. set @ 1205'

ACCEPTED FOR RECORD

Adm

MAR 6 1990

CARLEAD, NEW MEXICO

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

SIGNED

H A Ingram

TITLE

Conservation Coordinator

DATE

2/26/90

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

(6)BLM

*See Instructions on Reverse Side