

(November 1983)
Form 3160-5

UNITED STATES

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)Budget Bureau No. 1004-0135
Expires August 31, 1985RECEIVED BY DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAY 17 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. ARTESIA, OFFICE

WELL ☐ GAS ☐ OTHER ☐

salt water disposal

NM OIL CONS. COMMISSION

2. NAME OF OPERATOR

CONOCO INC. ✓

Drawer DD
Artesia, NM 88210

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 89240

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

1650' FSL & 1650' FEL

14. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0454228-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Levers Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Springs-Catchlaw Draw Morro

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

Sec 2-21S-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

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PULL OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) !

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 perti-
nent to this work.)*MIRU on 5/1/85. Acidize perfs 8144'-60' w/ 71.4 bbls 15% HCL acid.
Flush w/ 47 bbls. 2% KCL. Place on injection.

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

SIGNED

[Signature]

TITLE

Administrative Supervisor

DATE

5/10/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 16 1985

*See Instructions on Reverse Side

CARLSBAD, N.M. MEXICO