

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-27801

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Tuesday "A" Federal Con

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Undesignated ~~Section~~ / Morrow

11. SEC., T., S., M., OR BLK. AND
SUBVY OR AREA

Sec. 3-205-29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

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

Unit E

1400' FWL & 990 FWL

14. PERMIT NO.

30-015-25511

15. ELEVATIONS (Show whether OP, ST, GR, etc.)

MAY 12 1986

O. C. D.

ARTESIA, OFFICE

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)

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.) *

- ① MIRU and spud well @ 11:00 pm on 4-28-86
- ② Set 7jts, 16", 65# H-40, ST&C @ 300'
- ③ Cmt w/ 330 sxs Hi-Early 2 + 1/4 lb. 1SK Flo-Seal & 3% CaCl₂. No returns. WOC 4 hrs and tag TOC @ 127'. With w/ 1" tbg and spot 25 sxs Hi-Early 2 + 1/4 lb. 1SK Flo-Seal & 3% CaCl₂. WOC 2 1/2 hrs. Tag TOC @ 122' and spot 25 sxs cmt. WOC 2 hrs. Tag cmt @ 62' and spot 50 sxs cmt. WOC 1 hr. Tag cmt @ 62' again and spotted 75 sxs cmt. Had cmt returns to surface. WOC 1 1/2 hrs.
- ④ Cut off csq and conductor pipe. Nipple up Hydril and drill out.
- ⑤ Modified surface csq program as discussed w/ Jerry Queen due to lost circulation problems.

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 5-5-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____

TITLE [Signature]

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 9 1986

*See Instructions on Reverse Side
CARLSBAD, NEW MEXICO