

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals.

5. Lease Designation and Serial No.

NM 0438001

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

INKLING "8" #1

FEDERAL

9. API Well No.

30-015-28768

10. Field and Pool, or exploratory Area

PHANTOM DRAW DELAWARE

11. County or Parish, State

EDDY COUNTY NM

SUBMIT IN TRIPLICATE

1. Type of Well:

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BURLINGTON RESOURCES OIL & GAS COMPANY

3. Address and Telephone No.

P. O. BOX 51810

A/C915 688-6906

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1680' FSL & 1980' FEL

SECTION 8, T26S, R31E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other WORKOVER
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

10-2-97 MIRU TAGGED CIBP @ 7490'.
10-3-97 DRILLED OUT CIBP @ 7490'.
10-6-97 SWAB TEST.
10-7-97 SWAB TEST.
10-8-97 SWAB TEST.
10-9-97 SWAB TEST.
10-10-97 SWAB TEST.
10-11-97 SWAB TEST. RECOVERED AN ESTIMATED 20 BBLS OF OIL DURING SWB TESTS. SHUT WELL IN. RDMO.

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

Signed

Shawn L. Perry

Title REGULATORY REPRESENTATIVE

Date

10-15-97

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: