

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

RECEIVED  
BUREAU OF LAND MANAGEMENT  
ALBUQUERQUE, NEW MEXICO  
AUGUST 11, 1989

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, NM 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
*1980' FSL + 1650' FWL - Unit letter K*

5. PERMIT NO.  
*30-025-21227*

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

7. LEASE DESIGNATION AND SERIAL NO.  
*NM-0626648*

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

9. UNIT AGREEMENT NAME

10. FARM OR LEASE NAME  
*Lockhart A-30*

11. WELL NO.  
*11*

12. FIELD AND POOL, OR WILDCAT  
*Summit Gates 7 Pools Area*

13. SEC., T. R., Q., OR BLK. AND SURVEY OR AREA  
*30-215-36E*

14. COUNTY OR PARISH  
*Lea*

15. STATE  
*NM*

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(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 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.)

*12-13-89 Notified BLM prior to R.U. Set CIBP @ 3797'. Circ. 4 1/2" csg. w/ML Brine. Attempt to pressure test. Appears to have leak. Spot 25 sps. Class "C" <sup>3797' - 3435'</sup> ~~3850 - 3400~~. Isolate csg. leak 500' to 1590'. G1H w/w.s. to 1590' pumped 125 sk. Class "C" to surface. Cmt circ. through surf. csg. WOC. Tagged TOC @ 100'. Circ. to surface w/10 sps. cement. Cut off wellhead. Install P&H marker. Restore location.*

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

SIGNED *H.A. Ingram* TITLE *Conservation Coordinator* DATE *2/12/90*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Approved \_\_\_\_\_ all bore.  
Liability under this permit is limited until surface restoration is completed.

\*See Instructions on Reverse Side

RECEIVED