

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR CONOCO INC.</p> <p>3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 500' FSL & 1650' FEL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-02791 (A)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME N. El Mar Unit</p> <p>8. FARM OR LEASE NAME N. El Mar Unit</p> <p>9. WELL NO. 60</p> <p>10. FIELD AND POOL, OR WILDCAT El Mar Delaware</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-26S-32E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

16. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) report & foam frac <input checked="" type="checkbox"/>	

(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.)*

MIRU. CO to 4626'. Spot 2 bbls 7 1/2 % HCL-NE-FE from 4510'-4592'. Perf w/2 JSPF @ 4555', 56', 57', 63', 64', 65', 72', 74', 75', 83', 84', & 85' for total of 24 holes. Set pkr @ 4439'. Acidize in 2 stages w/total of 34 bbls 7 1/2 % HCL-NE-FE and 200# rocksalt. Flush to perms. Swabbed dry. Run base temp. log from 4626' 4000'. Foam frac in 2 stages w/70 quality foam w/total of 360 bbls foam & 18648# 20/40 sand & 300# rocksalt. Flush to perms. Run GR from 4626'-4000'. Rel pkr. CO to 4626'. Run producing equipment w/SN @ 4529'. Pmpd. 15 BO, 362 BW & 9 MCF on 1/17/85.

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

SIGNED John A. Butterfield TITLE Administrative Supervisor DATE 2/28/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAR - 1985

TELEPHONE