

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-60052
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	8. FARM OR LEASE NAME Mescalero Federal
14. PERMIT NO. 30-005-21052	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1980' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Undesignated wolfcamp Undesignated Devonian
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-125-30E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

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 or 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 on 1/14/86
- ② Set 13 jts of 13 3/8", 49#, H-40, ST&C surface casing @ 506'
- ③ Lead-in w/250 sxs class "c" w/4% gel
- ④ Tail-in w/160 sxs class "c" w/4% gel
- ⑤ Circ. 100 sxs to surface. WOC

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

SIGNED

TITLE Administrative Supervisor

DATE 1-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 23 1986

*See Instructions on Reverse Side

RECEIVED
FEB - 7 1986
O.C.C.
HOBBS OFFICE