

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

DATE
OFFICE AUGUST 11, 1985

LEASE DESIGNATION AND SERIAL NO.

LC-029509B

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Baish B
3. ADDRESS OF OPERATOR P.O. Box 460 - Holly, NM 88240	9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A 6601N & E	10. FIELD AND POOL, OR WILDCAT Malinas G-SA
14. PERMIT NO. 30-025-00638	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-17S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)*

1-15-90 Clean-out to TD. Set CIBP @ 3670'. Perf. 2JSPF @ 3618-38' 42 holes. G1H w/pk to 3528'. Pressure test. Acidized w/63.5 Bbls 15% HCl-NE-FE. Swab back load. Return to production.

ACCEPTED FOR RECORD

Adh

FEB 16 1990

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED

HA Ingran

TITLE

Conservation Coordinator

DATE

2/9/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

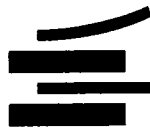
TITLE

DATE

*See Instructions on Reverse Side



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

DATE OF PREPARATION: August 31, 1989
LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 ☐	JAN 3 11 53 AM '90	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.		8. FARM OR LEASE NAME Baish B
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240		9. WELL NO. #4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit A, 660' FN4 + 660' FEL		10. FIELD AND POOL, OR WILDCAT Mayburg G-SA
14. PERMIT NO. 30-025-00638	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4028' KB	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 22, T17S, R-32E
		12. COUNTY OR PARISH Dea
		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 COMPLETION

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.)

It is recommended to test additional Mayburg pay in Baish B #4 as follows:

1. POOH w/rods & tubing
2. CO to PBD @ 4107'
3. Perforate additional Mayburg pay.
4. Breakdown and acidize both existing pay + new pay from 3618-4023'
5. Swab Back lead
6. Test well by swabbing.

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

SIGNED

Marie Simpson W.W. Baker Jr

TITLE

Administrative Supervisor

DATE

Dec 27, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1-5-90

*See Instructions on Reverse Side