Form 3160-5	UN ED ST	ATES	SUBMIT IN TRIP ATE		Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.	
November 1983) Formerly 9-331)	UN ED ST  DEPARTMEN OF T  BUREAU OF LAND M	HE INTERIOR	( sergides (12°55) Serio. Benimbolan V 1000	1	-029405 (B)	
SUN (Do not use this	DRY NOTICES AND form for proposals to drill or to Use "APPLICATION FOR PERM	DEDORTGEON	NIWELLS ICO 88240		LLOTTEE OR TRIBE NAME	
OIL GAS	OTHER	٠.		7. UNIT AGREE	9 Unit Blijl	
WELL X WELL  2. NAME OF OPERATOR	CONOCO INC.		550	8. FARM OR LE	MCA	
3. ADDRESS OF OPERATOR	P. O. Box 460, Hobbs, N.	.M. 88240	\$ 1905	9. WELL NO.	76	
4. LOCATION OF WELL (F See also space 17 belo At surface	Unit P	ordance with any Sta	te requirements.	Malsam	POOL, OR WILDCAT  A. C. S.A.  M., OR BLE. AND  OR ARMA	
25'FSL	\$ 1295' FEL			Sec 19-	T 175 - R32E	
14. PERMIT NO. 30-025-	10. ELEVATIONS	(Show whether DF, RT,	. GR, etc.)	Lea	NM	
16.	Check Appropriate Box	To Indicate Nat				
	NOTICE OF INTENTION TO:			EQUENT REPORT OF	: PAIRING WELL	
TEST WATER SHUT-C	PULL OR ALTER C	-  -	WATER SHUT-OFF FRACTURE TREATMENT	<u>  </u>	PERING CASING	
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	AB.	ANDONMENT*	
REPAIR WELL	CHANGE PLANS		(Other)	ults of multiple con	mpletion on Well	
(Other)   Rep	PRIC SURFACE WATER	state all pertinent d	Completion or Reco		and data of starting any	
nent to this work.	I well is directionally district by					
MIRU.	Attempt to pmp s. If unable to	alablish a	on water between	d Aressure	shave IBPM	
csg annulu	s. If unable to	Cull w/ca-	Cal-cal Image	s tool à loo	from 2500 to surfa	
determine	top of cement. ( HC casinggun W/C	ollar locator.	Perfono deep	er than	650' F/S W/2 JS	
61H W/4" 1	Change based on	Tax leter	mination). Set 1	2BP @ 239	só set okr ust	
Above KB	Plest LBI to	1000 Big. Ke	l pkr & ser c	, 530. DU	mid ask said a	
too at or	D D The La	och water<	pacer du dois r	10 thek s	1001-111 07 3003	
Class HII	cust 111/32 (all	. UISOIACE	CHIT TO 1001 CA	21114 0010111		
<b>A</b> 1.	.	~~ +x < ^	1 DS10 LIFE 30010	1 10TT (2) 1	- , moon	
RBP and re	elease. If able tracer survey of	to establi	sh a pump-in	rate é pres	sure above (BP)	
then run	tracer survey of	and braden t	lead sqz the c	csg-csg a	One solable	
41/2 1	Salt saturaded	prine, ion	The many Licent	wir sym		
Flo-Chert	tail-in (u/160 5)	65 Class H	" CMT W/370 (	aclar Di	Splace Com Inion	
well head	w/fresh wtr. 61	H W/ Produ	etion equip.	OBTAIN	Stabilized lesi.	
18. I hereby certify the	at the foregoing is true and corr	Admi	nistrative Supervisor	DATE	9-23-85	
(This space for Fe	deral or State office use)	acting	#10 July		10-19.85	
APPROVED BY	APPROVAL, IF ANY	TIŤLE	<u> </u>	DATE		
	· 0					

\*See Instructions on Reverse Side

OCT TO 1985