|  |  |                          |                          | Form approved.<br>Budget Bureau No. 1004-0135   |
|--|--|--------------------------|--------------------------|---|
| Form 3160-5<br>(November 1983)                             | UNITERTAT  |                          | MIT IN TRIPLICATES       | Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.  |
| Formerly 9-331)  | DEPARTMENT C. THE  |                          | 66                       | LC-060199(A)  |
|  | BUREAU OF LAND MAN   | P.O. Santa               | 116                      | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| SU   | NDRY NOTICES AND REP   | ORIS ON WE               | EKDCO 832/               |   |
| (Do not use the  | NDRY NOTICES AND REP<br>Dis form for proposals to drill or to deep<br>Use "APPLICATION FOR PERMIT— | en or plug back to a di  |                          |   |
| 1.   |  |                          | <u>.</u>                 | 7. UNIT AGREEMENT NAME  |
| OIL GAS WELL   | L GERTO L  |                          |                          | 8. FARM OR LEASE NAME   |
| 2. NAME OF OPERATOR  | CONOCO INC.  |                          |                          | MCA Unit/Sty,   |
| 3. ADDRESS OF OPERA  | P. O. Box 460, Hobbs, N.M.   | 88240                    |                          | 308   |
| 4. LOCATION OF WELL  | (Report location clearly and in accordan   | ce with any State requi  | rements.*                | 10. FIELD AND POOL, OR WILDCAT  |
| See also space 17 At surface                               | below.) Um+6   |                          |                          | 11. SEC., T., B., M., OR BLK. AND SUBVEY OR AREA  |
| ,  |  |                          |                          | 20 176 225  |
| 1980'  | FNL & 1780 FEL   | - Labor DE DE CE eta     |                          | 12. COUNTY OR PARISH 13. STATE  |
| 11, 12, 11   | 15. ELEVATIONS (SINCE  | whether br, ki, dk, ec.  | • •                      | Lea NM  |
| 16.  | Check Appropriate Box To   | Indicate Nature of       | Notice, Report, or C     | Other Data  |
| 16.  | NOTICE OF INTENTION TO:  | 1                        |                          | DENT REPORT OF:   |
|  |  | , w_                     | TER SHUT-OFF             | REPAIRING WELL  |
| TEST WATER SHU<br>FRACTURE TREAT                           | MULTIPLE COMPLETE  |                          | ACTURE TREATMENT         | ALTERING CASING   |
| SHOOT OR ACIDIZI   | ABANDON*   | ѕн                       | OOTING OR ACIDIZING      | ABANDONMENT <sup>6</sup>  |
| REPAIR WELL  | CHANGE PLANS   | (0                       | (Nors: Report result     | of multiple completion on Well  |
| (Other)  | Shut off Surt, within  | e all pertinent details. |                          | letion Report and Log form.) , including estimated date of starting any all depths for all markers and sones perti- |
| 17. DESCRIBE PROFUSE<br>proposed work,<br>nent to this wor | II Well is directionally drines,   | bsurface locations and i | neasured and true vertic | al depths for all markers and tones perti-  |
| (DMIPU   |  |                          | 1 1                      |   |
| 6000   | tracer survey lenhead sqz the ead-in w/ abbl so  | bradenhed                | id value                 |   |
| King C   | to car survey  | •                        | 1 0                      | Н   |
| 3 Kon  | Thatel Solvey  | csa-csa a                | nnulus as t              | ollows;   |
| (4) Brad   | lennead squalle  | 11+ saturad              | tad brine                |   |
| a. L   | mp 2 bbls fresh wt   | on Cushini               | A .                      |   |
| <b>b</b> . Y   | mp a bbis tresh wi   | 1 1.                     |                          |   |
| C. f   | mp 20 6615 Flo-C   | nek 1 11.00              | ·                        | value set@800 psi   |
| d. T   | all-in W/ 180 5X:  | s class, H"              | cm 1                     |   |
| 0  | )isplace cmt th  | ru wellhea               | id ,                     |   |
| E Slout  | -in hradenhead vo  | elve & inst              | all pop-off              | value set@800 psi   |
| 3) 3/10/1  | مر المرابع   |                          | , ,                      | •   |
| (C) Ket  | urn well to pro  | 0,                       |                          |   |
|  | ·  |                          |                          |   |
|  |  |                          |                          |   |
|  |  |                          |                          |   |
|  | ^  |                          |                          |   |
| 18. I hereby certify                                       | that the foregoing is true and correct   |                          |                          | 11-15-85  |
| SIGNED   | icid ( March   | TITLEAdmi                | nistrative Supervisor    | DATE  |
| (This space for  | Federal or State office use)   |                          |                          | DATE _11.22.55  |
| APPROVED BY  |  | TITLE                    |                          | DATE  |
| COMPUTIONS O   | F APPROVAL, IF ANY:  |                          |                          |   |

NOV 25 1985