

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEX.

SUBMIT IN TRIPLICATE
TO THE BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEX.

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Baish A
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810' FNL + 500' FWL Unit D	10. FIELD AND POOL, OR WILDCAT Maljamar Abo/Baish Wolfcam
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 22-17S-32E	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:

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 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 proposed to change the casing program for this well.

The casing will now be as follows:

Hole	Casing	Depth	Cement
17 1/2"	13 3/8"	850'	560 sxs Class "C" CIRCULATE (SOS)
12 1/4"	9 5/8"	4500'	1125 sxs Class "C" CIRCULATE
8 3/4"	7"	10,000'	1050 sxs Class "H"

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

SIGNED

D. F. Finney

TITLE Administrative Supervisor

DATE 5/13/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 5/24/88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 27 1988
OCD
HOBBS OFFICE