

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other Instructions
Permit No.

Expires August 1, 1985
LEASE DESIGNATION AND SERIAL NO.
NM-26884-A
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 Cavalcade Oil Corporation		8. FARM OR LEASE NAME Conoco Federal	
3. ADDRESS OF OPERATOR P. O. Box 16187, Lubbock, TX 79490		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) AT SURFACE 660' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. API-30-25-29483		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T18S, R33E	
15. ELEVATIONS (Show whether DP, ST, GR, etc.) 3948.0 GR		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 COMPLETS ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
ABSHOT 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.) *

11/20/85 - TD @ 433'. Ran 12 joints of 13 3/8" casing, 54.50#, Limited Service.
Cement with 400 sx Class "C" with 2% CaCl₂. Witnessed by Walter Cox, BLM.
Circulated 50 sx.

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

SIGNED [Signature] TITLE Drig. & Prod. Manager DATE 12/02/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
ACCEPTED FOR RECORD

DEC 3 1985

*See Instructions on Reverse Side

RECEIVED
DEC 4 - 1985
FBI
MOBILE ALA