

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Buffalo Federal
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit N 330' FSL & 1650' FWL	10. FIELD AND POOL, OR WILDCAT East Shogart Delaware
14. PERMIT NO. 30-025-30013	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-18S-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:

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.)

MIRV and spud well on October 2, 1987. Ran 23 jts 8 5/8", 24" K-55 surface casing and set @ 906'. Cemented w/ 570 sxs class "c" and circ. 130 sxs to surface. WOC.

RECEIVED

OCT 8 11 30 AM '87
OIL & GAS DIVISION
BUREAU OF LAND MANAGEMENT

SJS

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

SIGNED DE FINNEY

TITLE Administrative Supervisor

DATE 10-7-87

This space for internal or State office use;

APPROVAL OF
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RLM-Carlshad 16 File