

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

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.)

LC-031622 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

NMFU

2. NAME OF OPERATOR
CONOCO INC.

8. FARM OR LEASE NAME

Sanderson A

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

9. WELL NO.

No. 11

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 14-20S-36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

13. STATE

Lea

NM

API # 30-025-04265

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 COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT 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.)*

MIRU. CO bridge 3798'-3810'. Clean fill out to 3873' PBTD. Run 5-110' stds of 100 grain string shot & shoot OH from 3760'-3870'. CO 3860'-3873'. Acidize OH section w/ 24 bbls HCL acid after pumping 1/2 of acid, pumped 4 bbls diverting agent. Flush w/ 17 BTFW. Swab. Pmpd scale squeeze in OH section. Ran prod equipment. Pmpd 21 BO, 155 BW & 67 mcf on 6/10/85.

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

SIGNED

TITLE Administrative Supervisor

DATE 7/11/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE
CONDITIONS OF APPROVAL, IF ANY:

DATE

JUL 15 1985

*See Instructions on Reverse Side

RECEIVED

JUL 17 1985

100-211113