

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions  
verse side)

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<br>Conoco Inc.                                                                                                                                         | 8. FARM OR LEASE NAME<br>Britt B                               |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 460 - Hobbs, New Mexico 88240                                                                                                           | 9. WELL NO.<br>10                                              |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FNL & FWL - Unit Letter F | 10. FIELD AND POOL, OR WILDCAT<br>Cass Penn                    |
| 14. PERMIT NO.<br>30-025-06109                                                                                                                                             | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>15-20S-37E |
| 15. ELEVATIONS (Show whether OP, RT, GR, etc.)                                                                                                                             | 12. COUNTY OR PARISH<br>Lea                                    |
|                                                                                                                                                                            | 13. STATE<br>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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Acidize & Chemically Inhibit <input checked="" type="checkbox"/>                              |                                          |
| (Other) <input type="checkbox"/>             |                                               | (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.)

On 7/7/88 MIRD. Pull out of hole with producing equipment. Set pks at 7640'. Rmpd 500 gals of 15% HCH. Swab load. Run production Htg. Rmpd chemical inhibit down casing and overflush. Shut-in for 48 hrs. Run pump & rods.

RECEIVED  
SEP 13 10 53 AM '88

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

SIGNED DE FINNEY TITLE Administrative Supervisor DATE 9/13/88

COMPLETION OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DATE

SEP 19 1988

\*See instructions on Reverse Side

SSS  
CARLSBAD, NEW MEXICO

This form is made pursuant to 18 U.S.C. 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.

BLM - Carlsbad (6) ARCO (2) Amoco (2) Chevron (1) File