M. II. II. P. G. F. G. IV. S. T. S. UNITED STATES

5. LEASE LC-031621 (B)	•
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	

SUNDRY NOTICES AND REPORTS ON WELLS (On not use this form for proposals to diffile to the deepen or plug back to a different serveror, use from 5-32-LC for untoproposals.) 1. oil	DEPARTMENT OF THE INTERIOR	LC-031621 (B)
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1. oil gas gas cher conditions and the gas		NMFU
2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR P. O. BOX 450, Hobbs, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 AT SURFACE: 1930 FNL \$ 1930 FWL AT TOP PROD. INTERVAL: AT TOTAL DEFTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETED UNITY OF APPROVE OF THE CHARGE STREET CHANGE ZONES ABANDON' (other) Open Add Pay, Frac 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.)* PLEASE See the attached summary of work performed. Subsurface Safety Valve: Manu. and Type Set @ FR. 18. I hereby certify that the foregoing is true and correct SIGNED WILL THAT TITLE Administrative Supervisor DATE DATE DATE DATE DATE 10. FIELD OR WILDCAT NAME Blinebry-Tubb/brinker B	1. oil gas	Britt B
3. ADDRESS OF OPERATOR P.O. BOX 460, Hobbs, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980 FNL & 1980 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE COHEN Add pay, Frac 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, sive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) PLAGE See the attached Summary of work 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.) PLAGE See the attached Summary of work PERSON Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type Set @ Ft. Administrative Supenvisor DATE 8-24-84 ACCEPTED FOR RECHARDAGES for Federal or State office use) APPROVED BY TITLE DATE	2. NAME OF OPERATOR	10
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