

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-031621 (b)
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME NMFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL	8. FARM OR LEASE NAME Britt B
14. PERMIT NO.	9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Weir Blinberry Monument Tubbs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15-20S-37E
	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 <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) open add'l pay	
(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.)\*

MIRU. Mill from 6317'-6364'. Cut pkr free. Mill from 6364'-6384'. Tag 2nd pkr @ 6472'. Mill pkr & POOH. Spot 11 bbls 15% HCL-NE-FE acid from 6542'-6272'. Perf Tubbs w/1 JSPF @ 6324', 29', 34', 40', 46', 51', 61', 68', 84', 88', 92', 6404', 08', 12', & 16' for total of 15 holes. Acidize in 3 equal stages w/120 bbls 15% HCL acid & 175\* diverting agent. Flush w/53 BTFW. Swab. Pump scale squeeze into Tubbs. Overflush w/288 BTFW. Spot 9 bbls 15% HCL acid from 5666'-5874'. Perf Blinberry w/1 JSPF @ 5666', 72', 75', 78', 81', 5708', 14', 25', 36', 47', 55', 67', & 5874' for total of 13 holes. Set RBP @ 5999' & pkr @ 5505'. Acidize perfs in 4 equal stages w/112 bbls 15% HCL-NE-FE acid. Flush w/48 BTFW. Swab. Rel pkr @ RBP. Ran producing equipment and place on test. Pmpd 46 BO, 49 BW & 248 MCF on 2/27/85.

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

SIGNED

*David S. Smyth*

TITLE

Administrative Supervisor

DATE 4/3/85

(This space for Federal or State office use)

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

TITLE

DATE

APR 11 1985

\*See Instructions on Reverse Side

RECEIVED

APR 17 1985

O.C.C.

HOBBS OFFICE

4-11-85

CONFIDENTIAL