

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instruction
reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-031621B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Conoco Inc.	8. FARM OR LEASE NAME Britt B
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. #14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface unit 2 1980' FSL + 660' FWL	10. FIELD AND POOL, OR WILDCAT Monument Paddock
14. PERMIT NO. 30-025-06113	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T. 20S, R. 37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3547'	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 checked="" 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) <input 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.)

We propose to perform the following procedure:

1. MIRR. Install + test BOP
2. R/H w/wireline and set CIBP @ 5180'
3. Perforate Upper Paddock Zone (5154'-5174')
4. Acidize perforations w/3000 gal 15% HCl.
5. Swab test well (5 days).
6. Return to production.

ACCEPTED FOR RECORD

Adm

FEB 5 1990

RECEIVED
FEB 2 11 31 AM '90

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

SIGNED W W Baker TITLE Adm. Supervisor DATE 1-31-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

RECEIVED

FEB 7 1990

OLD
MOBES OFFICE