Form 3160-5 (November 1983) (Formerly 9-331)  DEPARTME OF THE	NTERIOR (Other (astruction.	ATE: Expires August 31, 1085  5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPO	ORTS ON WELLS	6. IF INDIAN, ALLOTTEE OF TRIBE NAME
OIL CAB WELL OTHER  2. NAME OF OPERATOR	FIRE ZO FECT AND CAS.	7. UNIT AGREEMENT NAME
Conoco Inc.	AREA	8. FARM OR LEASE NAME  But B-18
P.O. Box 460 - Hobbs, New Mexico 882  Location of walk (Report location clearly and in accordance Ser also sance 17 below 11	240	9. WELL NO.
See also space 17 below.; At surface  1980 FNL \$ 1980 FWL -		10. FIELD AND POOL, OR WILDCAT  Unic: Menument GS,  11. BEC., T., E., M., OR BLE, AND  SURVEY OR AREA
14. PERMIT SO. 15. ELEVATIONS (Show to 30-025-06153)	whether DF, ST, GR, etc.)	18-205-37E 12. COUNTY OR PARISH 13. STATE Lea 9M
Check Appropriate Box To Inc	dicate Nature of Notice, Report,	
TEST WATER SHEET-OFF PULL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	DESEQUENT REPORT OF:  REPAIRING WELL  ALTERING CASING
SHOOT OR ACIDIZE  REPAIR WELL  (Other) Lest Con Interview Team of the state of the	SHOOTING OR ACIDIZING (Other) (NOTE: Report r	
1. MIRU. NW BOPs and test.		
<ol> <li>PODH laying down with rods, pump, and tubing</li> <li>PU scraper for production casing and 2-7/8" interval (top perf or bottom of casing in an</li> </ol>	workstring DIU to the co	the production
2. PU CIBP for production casing and RIH on wo the top perf or production casing shoe. Pogasses with water, and pressure test casin pressure loss not to exceed 10%.	rkstring. Set CIBP approximat	
A. If test fails contact Engineering for re	commendations.	
<ul> <li>If the casing and CIBP hold pressure:</li> <li>Spot 50' of cement on top of CIBP.</li> <li>Pull tubing up above TOC and circul</li> <li>POOH laying down workstring.</li> </ul>	ate the hole full of packer flu	uid.
<ol> <li>ND EOPs. Land 1 jt of tubing in the wellhea flowlines. RDWO.</li> </ol>	d. Bull-plug all exposed ends	of tubing and
6. I bereus certify that the foregoing is true and correct  SIGNED was turn DOWN TITLE	E Administrative Superv	visor no man i au co
This space for k ederal or State office use;		DATE 7 5 59
CONDITIONS OF APPROVAL, IF ANY:	E	DATE

\*See Instructions on Reverse Side

RECEIVED

APR 10 1989

AO<sub>ESC Oct</sub>