

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
CONOCO INC.

3. Address and Telephone No.
10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705 (915) 686-5494

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310 FNL + 330 FWL Unit E
Unit letter E, Sect. 27, T21S, R37E

FORM APPROVAL
Budget Statement No. M04-0135
Expires March 31, 1993

5. Lease Designation and Serial No.
LC-032096A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Lockhart A-27 No. 13

9. API Well No.
30-025-06799

10. Field and Pool, or Exploratory Area
Paddock

11. County or Parish, State
Lea, nm

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA.		
TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other <i>Swab</i>	☐ Dispose Water

13. 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.)

9-13-91 MIRR. Open 40# on tbq + 80# on csq. IFL: 3500' FS.
Made 15 runs, swabbed back 20 BBLS of liquid. Tbg dry.
Put on 30/64 Choke, let flow 1 hr. Tbg is heading, pressure
fluctuates 40# - 50#. csq holding at 70#. Left flowing
to battery on 30/64 Choke. RD.

RECEIVED
NOV 22 10 25 AM '91
CARTER
ART

AR

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

Signed Christine L. Neff Title ADMIN. ASSISTANT Date 11-14-91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____