

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. LC-032096A
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter B 460' FNL & 1980' FEL		8. FARM OR LEASE NAME Lockhart A-27
14. PERMIT NO. 30-025-06804		9. WELL NO. 6
15. ELEVATIONS (Show whether OF, ST, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Drunkard
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-21S, R-37E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	CELL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENTS* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Report Casing integrity test ☒	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Shut-in Well ☒			

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.)

A casing integrity test was run 6-16-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

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

SIGNED Margie Simpson

TITLE Admin. Supervisor

DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED FOR 12 MONTH PERIOD

EXPIRED 7/10/90

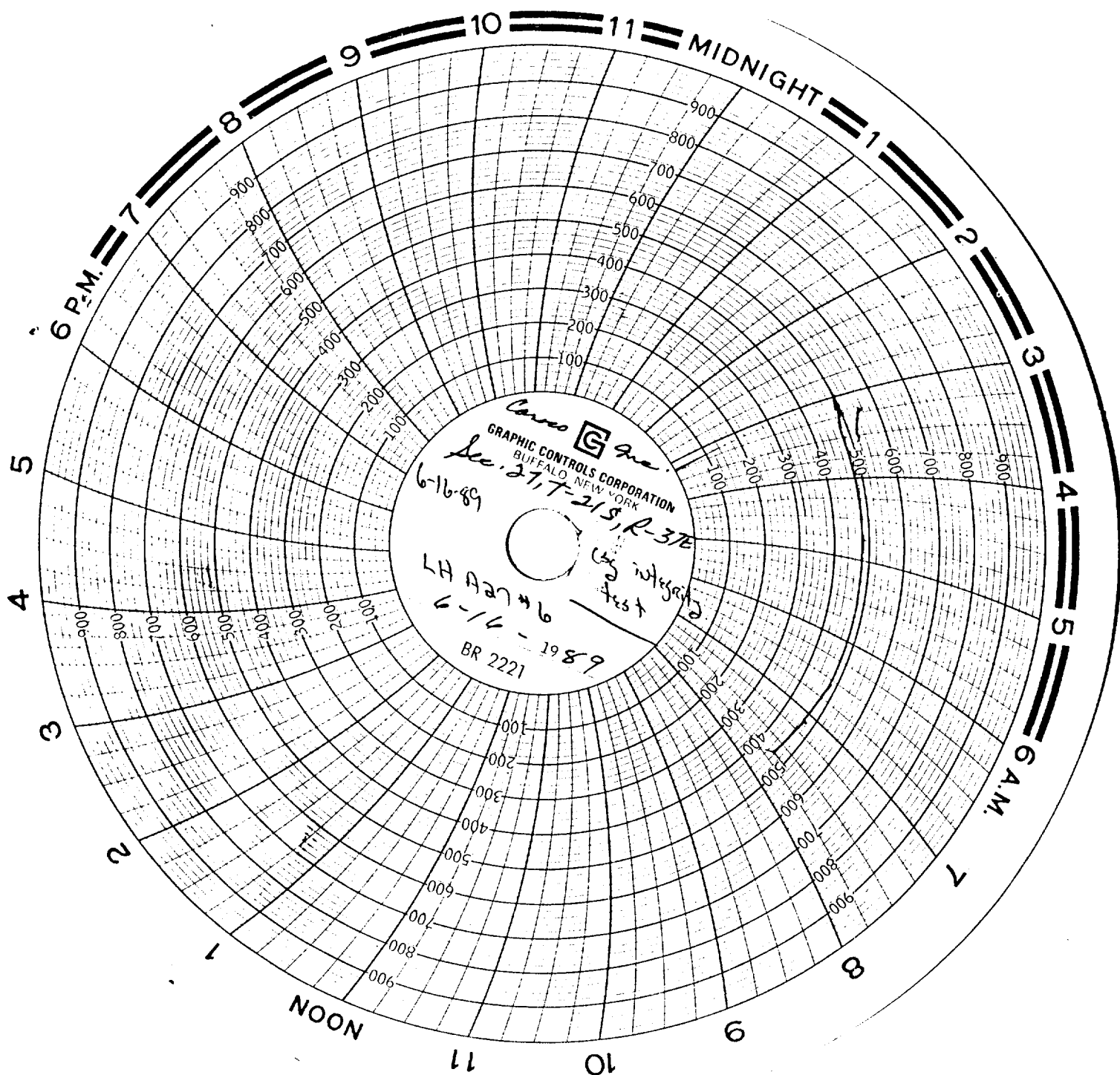
*See Instructions on Reverse Side

SJS

RECEIVED

JUL 23 1989
OIL OPERATIONS DIV.
CIVIL

RECEIVED
RECEIVED
JUL 13 1989
AUG 2 1989
OCD
HOBBS OFFICE
HOBBS OFFICE



RECEIVED

JUL 13 1989

OCD
HOBBS OFFICE

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AUG 2 1989

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HOBBS OFFICE