	N. N.		
	P . O.	03% (200) 10763	
	UNITED STATES HOBE	BUR DELV 35. NEN SELICO (20040)	FORM APPROVED
m 3 160-5 " ne 1990) DEPA	RTMENT OF THE INTERIO	OR	Budget Bureau No. 1004-0135 Expires: March 3 1 ,1993
BURF	AU OF LAND MANAGEME	ENT	5. Lease Designation and Seriai No.
			LC 032096 B
SUNDRY NO	TICES AND REPORTS O	N WELLS	6. If Indian, Allonee or Tribe Name
Do not use this form for proposi	als to drill or to deepen or re FION FOR PERMIT—" for su	eentry to a different reserv	oir.
	SUBMIT IN TRIPLICA TE		7. If Unit or CA, Agreement Designation
Type of Well			8. Well Name and No.
Oil Gas Well Other			Lockhart B 35 Well # 1
Name of Operator			9. API Well No.
CONOCO INC.			30-025-07029
3. Address and Telephone No.	101 AND TY 20705 4500	(015) 686-5424	10. Field and Pool, or Exploratory Area
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424		Blinebry Oil & Gas	
4. Location of Well (Footage Sec., T. R. M. or Survey Description) 1980 FNL & 1980 FEL		11. County or Parish, State	
	G, Section 35, T-21-S, R-37-E		Lea
CHECK APPROPRIA	TE BOX(s) TO INDICATE	NATURE OF NOTICE, RI	EPORT, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF AC	
Notice of Intent		bandonment	Change of Plans
Notice of Intent		Recompletion	New Construction
		Plugging Back	Non-Routine Fracrunng
Subsequent Repon		Casing Repair	Water Shut-Off
		asing Kopun	
	1 1 1	history Carlos	Conversion to Injection
Final Abandonment Notice		Altering Casing	Dispose Water
		Other	
 Describe Proposed or Completed Operations (give subsurface locations and measured) It has been proposed that this well is procedure is as follows: Set RBP @ 6025', tst csg & R Perforate Blinebry interval, 5: Frac the upper & lower Bline Clean Out to RBP & remove Put well on production 	Clearly state ail pertinent details, and give d and true vertical depths for all markers a be recompleted in the Blinebry BP 510-5900'	Other pertinent dates, including estimated date of ind zones pertinent to this work.)* To zone and downhole comming	Dispose Water INole: Reportsuits of multiplecompilion on Completion or Recompletion Report and Log fo of starting any proposed work. If well is directionally d gled with the Tubb. The recommended ROSUCE SEP I A CONTROL OFFICE A CONTROL OFF
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