

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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 <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 Lockhart A-35	
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL Unit 0 D		10. FIELD AND POOL, OR WILDCAT Blinebry/Drinkard	
14. PERMIT NO. 30-025-07030		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, 21S, 37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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 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) Downhole Commingle	(Other) <input checked="" 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.)*

MIRU. Kill well. POOH w/tbg. Tagged pkr @6408'. Milled out pkr. Tested tbg to 5000 psi. Set Baker Model "R" pkr @ 6186'. Pmpd 50 bbls acid (75% 15% HCL 25% Xylene) in 3 stages w/60 bbls of flush. Set RBP @ 6200' & pkr @ 5450'. Pmpd 50 bbls acid in 3 stages w/200 # graded rocksalt between stages. Flush w/55 bbls 2% KCL-TFW. POOH w/pkr & RBP. GIH w/SOPMA @6431', SN @ 6401', tubing & tubing anchor @ 5464'. GIH w/rods & pump. Place on production.

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

SIGNED D. F. Finney

TITLE Administrative Supervisor

DATE 4/19/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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