

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMEU

8. FARM OR LEASE NAME

SEMU Abo

9. WELL NO.

71

10. FIELD AND POOL, OR WILDCAT

East Skaggs Abo

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA

Sec 18-20S-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1830' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) 1

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) change name

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

The name of the subject well should be changed from SEMU Abo No. 71 to SEMU Burger B No. 71 following a recompletion to the Drinkard formation.

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

SIGNED

David S. Ingle

TITLE

Administrative Supervisor

DATE

2-15-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

FEB 18 1985

*See Instructions on Reverse Side

RECEIVED

FEB 21 1985

C.C.B.
HOLDS OFFICE