

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

RECEIVED

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Semi McKee
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL - Unit Letter N	10. FIELD AND POOL, OR WILDCAT Warren McKee
14. PERMIT NO. 30-025-07829	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-20S-38E
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:

TEST WATER SHUT-OFF ☐	PCCL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <u>Mud Acid Stimulation</u> ☒	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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.)

- 1) MIRR. POCH w/pods & pump. Run scraper to top of G-P pk.
 - 2) Pump 1 drum Umatem 426 mixed w/10 bbls completion fluid & 750 gals 15% HCL-NE-FC acid w/bit above G-P pk. Circulate out & POC.
 - 3) Set test pk at 8667'. Load backside w/ completion fluid & test to 1000 psi. Loop standing valve in SW & test workstring to 2000 psi. Retrieve valve.
 - 4) Stimulation consisting of 3 stages of pre-flush, mud acid & over-flush.
 - 5) Swab well. Run producing equipment & return to production.
- For further information contact Craig Ashdown at 397-5865

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

SIGNED Daphne Simpson

TITLE Administrative Supervisor

DATE March 21, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side