

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

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

Unit N

14. PERMIT NO.

30-025-07880

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

660' FSL & 1980' FWL

10. FIELD AND POOL, OR WELLS AT

Blinebry Oil & Gas 3/1/81

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

Sec. 34-205-38E

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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 MIRU on 9-6-86, POOH w/pump. TOF @ 6047' (43' of fill). Cleaned out from 6047'-6080'. Ran csg scraper to 6080'.
- ② Set RBP @ 6078' & pkr @ 5905'. Pumped 40 bbls 75%/25% 15% HCl acid/xylene mix into Blinebry perms and flushed w/ 30 bbls TFW. Swabbed.
- ③ POOH w/RBP & pkr. WITH w/prod. equip. Rig down.
- ④ Pumped 12 BO, 23 BW, 5 MCF on 9-18-86.

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

SIGNED

Kevin L. Vogel

TITLE Administrative Supervisor

DATE 9-29-86

(Leave space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

OCT 03 1986

RECEIVED
OCT 6 1986
OCT 3
HOBBS OFFICE