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. 1. OIL GAB 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 1980 FNL \$ 660 FWL 15. ELEVATIONS (Show whether DF, BT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
OIL WELL OTHER 2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR D. 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 10. FIELD AND POOL, OR WILDCAT Arrowheod Graybo 11. SEC., T., E., M., OE BLE. AND SOC 1-225-36E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISE 13. STATE Lea NM
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 10. FIBLD AND POOL, OR WILDCAT Arrowheod Graybo 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, BT, GR, etc.) 16. OUNTI OR PARISH 13. STATE Lea NM
9. WELL NO. 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 10. FIELD AND POOL, OR WILDCAT Arrowheod Graybo 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 10. FIELD AND POOL, OR WILDCAT Arrowheod Graybo 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA Lea NM
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1980' FNL & 660' FWL Sec 1-225-36E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE Lea NM
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Lea NM
check Appropriate box to indicate reduce of reduce, report, of Office Dail
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*
(Other) CHANGE PLANS (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
17. DESCRIBE PROFUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones penent to this work.)*
MIRU. String shoot from 3825'-3770'. CD to 3825'. Pmpd 90 bbls 15%
HCL-NE-FE. Flush w/50 BTFW. Scale inhibit well. Run prod. equipm
Pmpd 23 BO, 203 BW & 227 MCF on 3/18/85.
\cdot
18. I hereby corruly that the foregoing is true and correct
SIGNED Lovid Darylie TITLE Administrative Supervisor DATE 4/25/85
(This space for Federal or State office use)
ACCEPTED FOR RECORD
APPROVED BY ACCEPTED FOR RECORD TITLE

APR 2 9 1985

*See Instructions on Reverse Side