

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-032099b

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

1980' FNL & 1980' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

API# 30-025-08723

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart B-1

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Arrowhead-Grayburg

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

Sec 1-22S-36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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) open add'l pay

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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. Set RBP @ 3795'. Dump 1/4 sk sand on RBP. Spot 1 bbl 15% HCL-NE-FE acid from 3680'-3790'. Perf Arrowhead Grayburg zone @ 3740'-56', 3766'-86' w/2 jsf for total 76 holes. Set pkr @ 3700'. Breakdown perms w/40 bbls 15% HCL-NE-FE acid & flush w/30 bbls 2% KCL TFW. Swab. Rel pkr. & RBP. Hang well on & place on test.

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

SIGNED *John L. Long*

TITLE Administrative Supervisor

DATE 8/21/85

(This space for Federal or State office use)

APPROVED BY *Don Ward*

TITLE

DATE 10/1/85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side