

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
CARRISBAD, NEW MEXICO 88240

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.

LC-031670(B)

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

14. PERMIT NO.  
330' FNL & 1650' FEH

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

API # 30-025-12760

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU Abo

9. WELL NO.

72

10. FIELD AND POOL, OR WILDCAT

E. Skaggs Abo

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

Sec. 19-20S-38E

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) !

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) \*

MIRU. Set RBP @ 7691' & test. Set pkr @ 7485'. Acid frac lower Abo w/238 bbls crosslink 20% HCL acid & 102 bbls CO<sub>2</sub> in 2 stages. Flush w/30 bbls 9# completion fluid & 13 bbls CO<sub>2</sub>. Swab. Acid frac Abo in 3 equal stages w/435 bbls 20% cross linked acid & 190 bbls CO<sub>2</sub>. Flush w/30 bbls 9# completion fluid & 30 bbls CO<sub>2</sub>. Rel RBP & pkr. Ran prod. equipment. Pmpd 40 BO, 16 BW, & 84 MCF on 6/5/85.

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

SIGNED

*Lain L. Vogel*

TITLE Administrative Supervisor

DATE 7/11/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUL 15 1985

\*See Instructions on Reverse Side