

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

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 Lockhart B-1
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1830' FFL - Unit Letter G	10. FIELD AND POOL, OR WILDCAT Arrowhead Crayburg
14. PERMIT NO. 30-025-24272	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-22S-36E	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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

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

(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.)*

Work started on 1/28/88 and completed on 2/29/88. MURU. Set CIBP at 6510' w/ 6 sxs of cement. Set CIBP at 5500' w/ 6 sxs cement. Perf from 3701'-3820'. Acidize w/ 7000 gals 15% HCL-NE-FE acid. Ran producing equipment and place on production.

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

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE April 22, 1988

(This space for Federal or State office use)

APPROVAL OF
COMMISSIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

SJS