

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

3. Address and Telephone No.

10 Desta Drive W, Midland, TX 79705 (915)686-6553

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2180 FNL & 660 FEL Sect 35, T21S, R37E

Unit H

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lockhart B-35 #5

9. API Well No.

30-025-24858

10. Field and Pool, or Exploratory Area

Wantz Abo & Granite

11. County or Parish, State

Lea, NM.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Casing Int Test

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

A casing integrity test was run on Lockhart B-35 #5 10-4-90
(See attached Chart)
The test was run in compliance with NMOC Rule 704.

RECEIVED
DEC 7 11 12 AM '90
OFFICE OF THE
ADJUTANT GENERAL

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

Signed Vernice Wilson

Title Analyst - Oil Production

Date 12-4-90

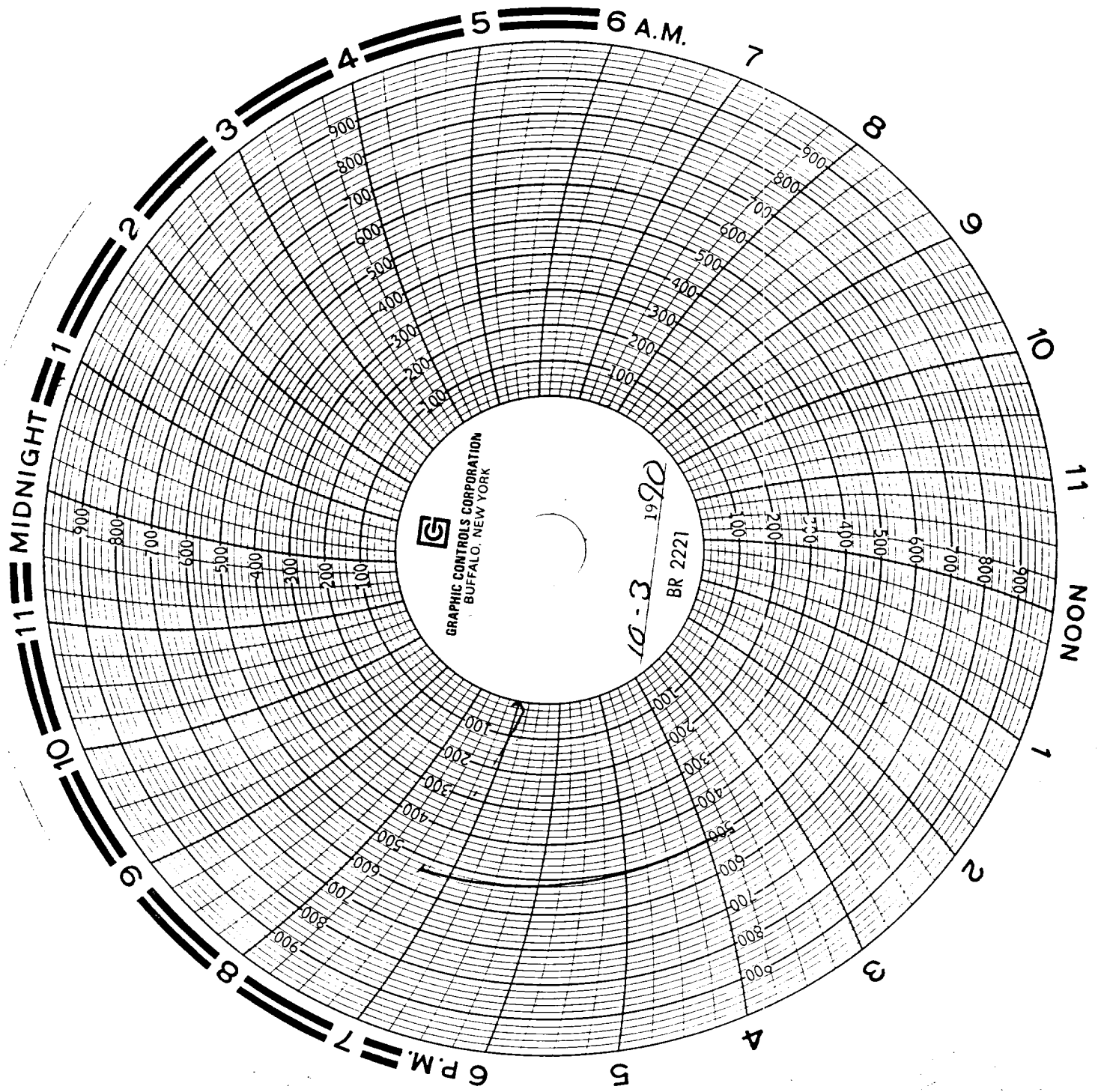
This space for Federal or State office use

Approved by

Conditions of approval, if any:

Title

Date



Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well2. NAME OF OPERATOR
CONOCO INC.3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2180' FNL & 660' FEL

AT TOP PROD. INTERVAL: —

AT TOTAL DEPTH: —

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☒
☐
☐
☐

5. LEASE

LC-032096(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart B-35

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

Wantz Abo/Wantz Granite Wash

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

Sec 35, T-21S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

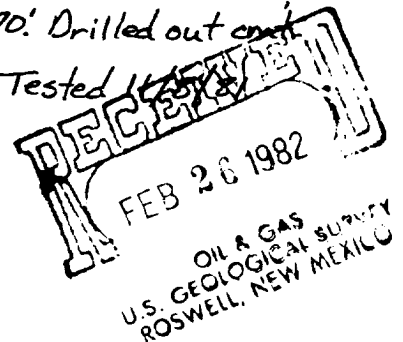
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 10/23/81. Found holes in 5 1/2" csg. from 4150'-5213'. Pumped 825 sx cement between 5 1/2" & 9 5/8" csg. TOC by temperature survey 470'. Drilled out and tested csg to 1000 psi. Tested OK. Placed well on test. Tested 7 BOPD, 53 BWPD, 85 MCFPD. This well is producing.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE February 25, 1982APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:
PETER W. CHESTER

MAR 8 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO(This space for Federal or State office use)
See Instructions on Reverse Side

RECEIVED

MAR 10 1966

C.C.C.
HOBBS OFFICE