Form 3160-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No.
Expires August

5. LEASE DESIGNATION AND SERIAL NO.
LC-031670 B

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

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

7. UNIT AGREEMENT NAME
NMFU

2. NAME OF OPERATOR
CONOCO INC.

8. FARM OR LEASE NAME
SEMU Abo Drinkard

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

9. WELL NO.
121

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 2310' FWL

10. FIELD AND POOL, OR WILDCAT
Skaggs Abo
Skaggs Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18-20S-38E

14. PERMIT NO.

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

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:				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*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) set surface csg			✓
(Other)				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. Spud @ 6:00 p.m. on 5/29/85. Ran 33 jts 13 3/8", 54.5#, K-55 csg set @ 1382'. Cmt w/1020 sxs class "C" w/2% $CaCl_2$. Tail in w/250 sxs class "C" w/4% $CaCl_2$. Circ. 404 sxs cmt to surface. WOC.

I hereby certify that the foregoing is true and correct

SIGNED [signature] TITLE Administrative Supervisor DATE 6/4/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1985

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side