Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. Lease Designation and Serial No.
LC 031620B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
SKAGGS 'B' #8

9. API Well No.
30-025-29254 L

10. Field and Pool, or Exploratory Area
SKAGGS DRINKARD

11. County or Parish, State
LEA CO., NM

1. Type of Well: ☒ Oil Well ☐ Gas Well ☐ Other	
2. Name of Operator: Conoco Inc.	
3. Address and Telephone No. 10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL & 330' FWL, SEC. 12, T-20S, R-37E, UNIT LTR 'D'	

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other CLEAN OUT & ACIDIZE	☐ 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.)*

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1-13-93 MIRU.  POOH W/ RODS, PUMP & TBG.  TAG FILL @ 6906'.
GIH W/ BULLDOG BAILER CO TO 6950'.  ACIDIZE DRINKARD.  PUMP 55 BBL 15% NEFE HCL.  FLUSH W/
35 BBL 2% KCL.  GIH W/ TBG, RODS & PUMP.
1-18-93 RD RETURN WELL TO PRODUCTION.
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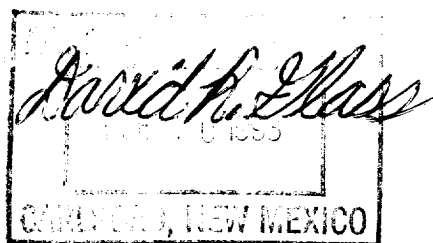
14. I hereby certify that the foregoing is true and correct

Signed _____ Title SR. REGULATORY SPEC   Date 1-28-93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

*See Instruction on Reverse Side