

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME NMFU |
| 2. NAME OF OPERATOR CONOCO INC. | 8. FARM OR LEASE NAME Skaggs B |
| 3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240 | 9. WELL NO. 8 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit D | 10. FIELD AND POOL, OR WILDCAT Skaggs Drinkard |
| 14. PERMIT NO. 990' FNL & 330' FWL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12-20S-37E |
| 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:

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) ☒ Set surface casing

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 on 9/16/85. Spud at 6:45 am 9/16/85. Ran 36 jts of 13 3/8" K-55, 54.5# csg. Set @ 1576'. Cemented w/ 730 sxs class "C" w/ 2% CaCl₂. Circ 20.5xs to surface. WOC.

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

SIGNED

TITLE Administrative Supervisor

DATE

9-20-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 30 1985

*See Instructions on Reverse Side

RECEIVED
OCT - 3 1985
O.C.D.
HOBBS OFFICE