

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side) ATE*

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 SEmu
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME SEmu Penn
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 122
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 766' FNL + 766' FWL Unit D	10. FIELD AND POOL, OR WILDCAT Cass Penn
14. PERMIT NO. 30-025-30429	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 23, 20S, 37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3533.8' GL	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) <u>Set prod. csg.</u>	

(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.)*

Run 71 jts. at 7", 26.0 #, K-55 and 111 jts at 7", 23.0 #. K-55
production casing and set @ 7790'. Cemented w/ 410 sxs
Class "H" with no cement returns and 3530 sxs Class "C"
with 86 Bbls cement returns.

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

SIGNED Marilyn Simpson D.E. Finney TITLE Administrative Supervisor

DATE 3/24/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

SEP 1 1985

*See Instructions on Reverse Side

SJS

CARLSBAD DISTRICT OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM - Carlsbad (2) NMFL (3) File

RECEIVED

SEP 21 1988

OCD
HOBBS OFFICE