

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
verse side)

DATE
0 00

EXPIRATION DATE: 1004-01-01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0557686

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

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. Box 480, Hobbs, N.M. 88240

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

14. PERMIT NO.

30-025-30429

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

3533.8' GL

7. UNIT AGREEMENT NAME

SEmu

8. FARM OR LEASE NAME

SEmu Penn

9. WELL NO.

122

10. FIELD AND POOL, OR WILDCAT

Cass Penn

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

Sec. 23, 20S, 37E

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 COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) *

Spud well on 7/25/88. Ran 34 jts of 13 3/8" 54.5#,
K-55 surface casing & set @ 1290'. Cemented
w/ lead 800 sxs Class "C" and tail w/ 200 sxs
class "C" Cement returns 331 sxs.

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

SIGNED

D.E. Finney

TITLE

Administrative Supervisor

DATE

5-2-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Aug 3 10 55 AM '88

RECEIVED