

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction on reverse side)

Budget Bureau No. 1004-0133
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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-1031621B
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, NM 88240	7. UNIT AGREEMENT NAME NmFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter "K" 2130' FNL + 1900' FWL 2280' S + 2020' W	8. FARM OR LEASE NAME Britt B
14. PERMIT NO. 30-025-3047	9. WELL NO. 28
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3551' GL	10. FIELD AND POOL, OR WILDCAT Skaggs Abo Gas
	11. SEC., T, R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T20S, R37E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

We propose to complete the Skaggs Abo gas zone as the top side of a Cass Penn/SKaggs Abo Dual Completion. Kill well with 9 ppv brine. POOH w/production equipment, set CIBP @ 7630' (top Cass Penn perss @ 7653'). Selectively perforate, acid frac and swab test Skaggs Abo in 3 stages. Retrieve CIBP and RIH with Dual Production Equip. Place well on production. Estimated starting date for this procedure is July 1, 1989.

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

SIGNED W.W. Baker TITLE Adm. Supervisor

DATE 6/6/89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS fw CHIEF, MINERAL RESOURCES

APPROVED BY fw TITLE fw

DATE 6-15-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side