

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII ATE*
(Other instruction on re-
verse side)

Form approved.
Budget Bureau No. 1004-012-
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 ☐
NOV 14 12 52 PM '88

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

Po Box 460, Hobbs, Nm 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2280' FSL + 2020' FWL

Unit K

14. PERMIT NO.

30-025-30470

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

3550.8 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

Cass Penn

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

Sec. 15 T20S R37E

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

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Set prod. csg

(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 perti-
nent to this work.)

Run 181 jts of 7", 26#, K-55, LT+C production casing
and set @ 7826'. Cement w/800 sxs Class "H" and
1600 sxs Class "C" and had 630 sxs (172 bbls)
Cement returns.

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

SIGNED

D.F. Finney

TITLE

Adm. Supervisor

DATE

11/8/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

NOV 30 1988

*See Instructions on Reverse Side

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DEC 5 1984

DD

HOBBS ORILL