Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTMENT OF LAN	ID MANAGEMENT		Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LC-032 09 (a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this	DRY NOTICES AN form for proposals to drill Use "APPLICATION FOR	ID REPORTS ON or to deepen or plug back PERMIT—" for such propose	als.)	COMMISSIONT AGREEMENT NAME
OIL GAB WELL	OTES		P. O. 80x 1980	NMFU
	U 01254		HOBBS, NEW ME	XICO 8.302MOR LEASE NAME
2. NAME OF OPERATOR	ONOCO INC.			Lockhart A-18
				9. WELL NO.
S. ADDRESS OF OPERATOR P.	O. Box 460, Hobbs, N	1.M. 88240		<u> </u>
A TOCHTION OF HIRTT (B	eport location clearly and in	accordance with any Stat	e requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space it beig	₩.)			Eumont Yates 7 Rurs Qn.
At surface				
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
660' F	SL & 1980' F	تا		Sec 18-215-36F
		nons (Show whether DF, RT,	CP etc.)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	15. ELEVA	HONS (Show whether br, kt,	un, com)	Lea NM
16.	Check Appropriate	Box To Indicate Natu	re of Notice, Report,	
	Check Appropriate			
1	OTICE OF INTENTION TO:	1	80	BREQUENT REPORT OF:
			W. man. 607.00 0.00	REPAIRING WELL
TEST WATER SHUT-O	PCLL OR ALT	ER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE CO	MPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	
	CHANGE PLA	is	(Other) conv. from	- PSA to useable wellbore
REPAIR WILL	L. CHANGE FEE.		(Note: Report re	results of multiple completion on Well
(Other)		i	Completion or Re	ecompletion Report and Log form.)

17. DESCRIBE PROJUSED 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 sones pertinent to this work.) *

MIRU on 3/19/85. Cut off PE'A marker. Drill cont. from surface to 25'. CD to 3912'. Wash to top of fish@ 3912'. Cut over fish to TD @ 3924'. Set pkr@ 3775'. Test to 5000 psi for 5 mins. Dedicate well to Gulf's Eunice Monument South Unit.

1d. I hereby certify that the foregoing is true and correct SICNED David Somyle	TITLE	Administrative Supervisor	DATE 4 25/85
(This space for Federal of State office use)			
APPROVED BYACCEPTED FOR RECORD COMMITTIONS OF APPROVAL, IF ANY:	TITLE		DATE
APR 2 9 1985			

*See Instructions on Reverse Side

ERODER POLOGRADO

Section 1

OBJECT HER GARRIES