

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

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Form approved.
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 NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Lockhart B-28
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit D	10. FIELD AND POOL, OR WILDCAT Eumont Yates 7 Rvs Queen
14. PERMIT NO. 660' FNL & 660' FNL 30-025-04809	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 28-215-36E
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

cleanout & acidize

(Other)

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.)

- ① MIRU on 10/30/85, POOH w/ tbg & rods
- ② Cleaned out to TD @ 3930'
- ③ Set pkr @ 3700' & pumped 75 bbls 15% HCL & flush w/ 45 bbls 2% KCL TFW
- ④ POOH w/ tbg & pkr and 61ft w/ tbg, rods, pump. Rig down on 11/26/85
- ⑤ Test pumped 1380, 218 BW & 80 MCF

RECEIVED BY

FOR

JAN 1 1986

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

SIGNED

TITLE

Administrative Sup.

DATE

1-10-86

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side