

UNITED STATES N. M. SUBMIT IN TRIPPLICATE
DEPARTMENT OF THE INTERIOR (Other instructions
verse side)
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Lockhart A-30
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L 1980' FSL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Eumont Yates 7 Rurs Queen
14. PERMIT NO. 30-025-04841	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-215-36E
15. ELEVATIONS (Show whether DF, 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input 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"/>	

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 checked="" type="checkbox"/> CO. & acidize	

(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 1/16/85
- ② Set pkr @ 3700'
- ③ Pump 140 bbls 15% HCL-NE-FE acid nitrified w/ 750 scf N₂/bbl.
- ④ Flush w/ 5000 scf N₂
- ⑤ Rig down & place on production. Test pmpd 8 BD, 27 BW & 47 MCF on 1/18/85

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

SIGNED

TITLE Administrative Supervisor

DATE

11-5-85

(This space for Federal or State office use)

APPROVED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 12 1985

*See Instructions on Reverse Side

RECEIVED

NOV 13 1985

O.C.R.
HOBBS OFFICE