

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR CONOCO INC.	3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL	5. LEASE DESIGNATION AND SERIAL NO. LC-032099B	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME NMFU	8. FARM OR LEASE NAME Lockhart B-31	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Funke 7 Rurs Queen So.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31-215-36E	12. COUNTY OR PARISH	13. STATE
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)											

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

MIRU. Set pkr @ 3736'. Acidize w/ 62 bbls 15% HCL-NE-FE. Flush w/ 26 BTFW. Inhibit well & flush w/ 113 BTFW. Rel pkr. Place well on production. Pmpd. 27 BO, 85 BW & 15 MCF on 3/18/85.

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

SIGNED David D. Smylie TITLE Administrative Supervisor DATE 4/3/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 11 1985

*See Instructions on Reverse Side

RECEIVED

APR 12 1985

CRIMINAL JUSTICE
INVESTIGATIVE
OFFICE