

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-032099(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Lockhart B-31
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F 1980' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Talmat Yates 7 Rurs
14. PERMIT NO. 30-025-04854	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-21S-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"/>	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) acidize <input checked="" 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.)*

- ① MIRU on 1-16-86, POOH w/ rods & pump
- ② Gth w/ bit & scraper to 3950', clean out to 3971'
- ③ Set pkr @ 3902'. Acidize w/ 25 bbls 15% HCL, flushed w/ 30 bbls 2% KCL TFW
- ④ Chemically inhibit w/ 2 drums Champion T-96 mixed w/ 1 gal DP-61. Flushed w/ 50 bbls 2% KCL TFW w/ 1 gal DP-61.
- ⑤ POOH w/ pkr. Set RBP @ 3553' & pkr @ 3312'. Acidized Yates zone 3353'-3355' w/ 60 bbls 15% HCL, flushed w/ 40 bbls 2% KCL TFW. Swab
- ⑥ Rel pkr & RBP. POOH. Ran production equip. in hole. Hang well on and rig down on 1-22-86.
- ⑦ Test pumped 27 BO, 99 BW, 32 MCF on 1-27-86

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

SIGNED *Kevin L. Vogel* TITLE Administrative Supervisor DATE 1-29-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

Good

JAN 30 1986

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CARLSBAD, NEW MEXICO

RECEIVED

FEB - 3 1986

O.C.D.
HOBBS OFFICE