

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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

SUBMIT IN TRIPL  
(Other instructions  
on back)

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"/>  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-032099(6)                     |
| 2. NAME OF OPERATOR<br>CONOCO INC.  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240  | 7. UNIT AGREEMENT NAME<br>NMFU  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface Unit F<br>1986 FNL & 1980' FWL | 8. FARM OR LEASE NAME<br>Lockhart B-31                                  |
| 14. PERMIT NO.<br>30-025-04854  | 9. WELL NO.<br>6  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  | 10. FIELD AND POOL, OR WILDCAT<br>Talmat Yates 7 Rivers                 |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 31, T21S, R36E |
|   | 12. COUNTY OR PARISH<br>Lea   |
|   | 13. STATE<br>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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) C.O. & 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 MIRD on 4/24/85
- ② Clean well out to 3971'
- ③ Pmp 30 bbls 15% HCL-NE-FE, flush w/ 20 bbls 2% KCL TFW
- ④ Rig down & place on production. Tested 27 BO, 100 BW & 42 MCF on 4/27/85

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Administrative Supervisor DATE 11-5-85  
(This space for Federal or State office use)

APPROVED BY OR RECORD CONDITIONS OF APPROVAL, IF ANY: [Signature] TITLE DATE  
NOV 12 1985

\*See Instructions on Reverse Side

RECEIVED  
NOV 13 1985  
O.C.D.  
HOBBS OFFICE