

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 2512</b>
2. NAME OF OPERATOR <b>CONOCO INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, N.M. 88240</b>		7. UNIT AGREEMENT NAME <b>NMFU</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>Unit 0</b>		8. FARM OR LEASE NAME <b>Hawk B-1</b>
14. PERMIT NO. <b>30-025-06435</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. <b>12</b>
		10. FIELD AND POOL, OR WILDCAT <b>Penrose Skelly Grayburg</b>
		11. SEC., T., R., M., OR BLM-OWNED SURVEY OR AREA <b>Sec. 8-T21-R37E</b>
		12. COUNTY OR PARISH 13. STATE <b>Lea NM</b>

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) <b>Acidize Grayburg</b> <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.)\*

MIRU on 7/15/85. Set RBP @ 3850' & pkr @ 3694'. Acidized w/ 30 bbls 15% HCL-NE-FE. Flush w/ 15 bbls TFW, swab. Rel pkr & RBP, HWO and rig down. Test pumped 25 BO, 57 BW, 132 MCF on 7/21/85.

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

SIGNED *Kevin L. Coyle* TITLE Administrative Supervisor DATE 9-24-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 4 1985

\*See Instructions on Reverse Side

**RECEIVED**  
**OCT - 7 1985**  
**O.C.D.**  
**HOBBS OFFICE**