

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 Hawk B-1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F	10. FIELD AND POOL, OR WILDCAT Bluebry / Drinkard
14. PERMIT NO. 1980' FNL & 1980' FWL 30-025-06437	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-215-37E
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) <u>Clean out & acidize</u> <input checked="" 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 on 8/7/85. Tag @ 6675', no fill. Set pkr @ 6410'. Pump 120 bbls 75/25 15% HCL & Xylene in 3 stages. Block w/ 300 lbs rock salt between each stage. Flush w/ 40 bbls TFW. Swab. Kill backside, w/ 45 bbls TFW. POOH w/ pkr. set @ 5557'. Pump 120 bbls HCL-NEFE (75% acid/25% xylene) in 3 stages. No flush w/ TFW. Swab. Release pkr & RBP. Hang well on and place on production - test pumped 33 BO, 10 BW & 410, MCF in 24 hrs on 8/30/85.

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

SIGNED Kevin T. Vogel

TITLE Administrative Supervisor

DATE 9-19-85

(This space for Federal or State office use)

APPROVED/RECEIVED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 30 1985

*See Instructions on Reverse Side

RECEIVED

OCT - 3 1985

O.C.D.
HOBBY OFFICE