

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

~~16-031744~~ NM-2512
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 ☒ GAS WELL ☐ OTHER ☐
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 Unit C
460' FNL & 1980' FWL

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk B-10

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Bluebry / Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 10-215-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO. 30-025-06449
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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) ! Repair packer leak

(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. Kill well w/ 2% KCL TFW. Latch "DR" plug into pkr @ 6200'.
Dump four sxs of class "C" neat cmt on pkr @ 6200'. Hang well on
& place in production.

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

SIGNED

Levin L. Love

TITLE

Administrative Supervisor

DATE

9-6-85

(This space for Federal or State office use)

APPROVED BY

Don Wood Acting

TITLE

DATE

10-17-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
OCT 18 1985
HCCS-CCO OFFICE