

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other - Instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

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

temp. shut-in

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 P

2970' FSL & 510' FEL

14. PERMIT NO.

30-025-06505

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hawk B-3

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Hare Simpson

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

Sec. 3-215-37E

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

temporary abandon

(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 perti-
nent to this work.)*

① MIRU on 3-4-86, Tag @ 8005', No fill. Set CIBP @ 7450'. Dump 5x5s class
"C" cmt on top of CIBP. Load csg & test to 500 psi for 30 min. held ok
② POOH w/ +bg and rig down on 3-5-86.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/15/87

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

SIGNED

TITLE

Administrative Supervisor

DATE

3-11-86

(This space for Federal or State office use)

APPROVED BY

TITLE

ADMINISTRATIVE SUPERVISOR

DATE

3-17-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side