

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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 ☒ GAS WELL ☐ OTHER ☐ <u>temp. abandoned</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>Lockhart B-12</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>11</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit E</u>	10. FIELD AND POOL, OR WILDCAT <u>Blinberry Cilders</u>
14. PERMIT NO. <u>30-025-06546</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12-215-37E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 TREATMENT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>test csg for BLM</u> ☒	
(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 MREV on 2-27-86, Kill well. Set RBP @ 5700'. Pull 1 stand and set pkr.
- ② Test csg to 500 psi and held for 30 min. Test witnessed by Jack Johnson w/ BLM. Rig down on 2-28-86.
- ③ This well tested in compliance w/ BLM-Holbs' request.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/7/87

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

SIGNED <u>[Signature]</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>3-4-86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3-7-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side