N. M. OIL CONS. COMMISSION P. O. BOX 1980

Form 9-331 HOBBS, NEW MEXICO 8	38240 Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-032096 (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	NMFU
1. oil gas D	8. FARM OR LEASE NAME LOCKhart A-17
well well other	9. WELL NO.
2. NAME OF OPERATOR	2
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blinebry Oil & Gas
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA _Sec. 17 T-215 R-37E
AT SURFACE: 1980'FSL 9-660'FEL	$\begin{array}{c c} SC, /7 T-J/S R-37E \\ \hline 12. COUNTY OR PARISH 13. STATE \end{array}$
AT TOP PROD. INTERVAL:	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES ABANDON*	
(other) Abandon Blineby and Recomplete Penrose	JKelly Gravhurg.
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.)*	
Set CIBP @ 5500! Dump 45 Class 'C' cement on CIBP @	
5500! Spot 3665 15% HCL-NEFE from 3765'-3640! Log MCNL-	
000 00 0	
PDC-GR from 4000'- 3400! Pert WIJSPF Penrose Skelly Grayburg	
horizon @ 3688, 96, 3702, 09, 19, 25,29, 34,38, 48,52, 60,63, and 3765!	
(Total 14 perts), Set pkr @ 3600! Breakdown (3688'-3765') W 28 666	
15% HCL-NE-FE, Flush of 30 bb/s 2% KCL TFW. Sand Fracture (3688'-	
3765') in 2 stages of 745665 40# Gelled fluid, 47,376 lbs 20/40 sand	
and 10,836 lbs 10/20sd. Swab Rel. PKr. Run production equipment. Test.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby/certify that the foregoing is true and correct	
SIGNED WW. Q. Dutterface Title Administrative Supervisor DATE /-/3-83	
SIGNED WW.Q. Dutte Supervi	SOF DATE
(!his space for Federal or State offi	
(Orig. Sgd.) PETER W. CHESTER	DATE NO BUSINESS
CONDITIONS OF APPROVAL IF 18 1983	
JAN 10 1803	IAN 4 17 1000
FOR	JAN 1 7 1983

JAMES A. GILLHAM
DISTRICT SUPERVISOR *Se Instructions on Reverse Side

M. 2 643

MERALS MEMT SERVICE ... (a)

JAN 19 1983
HOBES CHACE