

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MEXICO 88240

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. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Blinebry/Drinkard
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9-21S-37E
	12. COUNTY OR PARISH 13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>

(Other) sqz csg. leak; acidize

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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. Set RBP @ 2600'. & pkr @ 1300'. Move pkr & RBP to isolate leak. If csg leak is found from 1250' to 2600'; set cmt retainer 50' above leak. Pump 3 sx class "C" cmt. w/18% salt mixed w/6.3 gals fresh water/sack for every 100' of depth of the leak. Tail w/22 sx class "C" w/2% CaCl₂ mixed w/fresh water for every 100' of depth of the leak. If csg. leak is found from 0' to 1250', set cmt. retainer 50' above leak. Pump 25 sx class "C" cmt. w/2% CaCl₂ mixed w/6.3 gals fresh water/sack for every 100' of depth of the leak. DO retainer & cmt. Retrieve RBP. Mill out pkr @ 6535'. Set RBP @ 6770'. Set PPI tool over interval 6705'-6710'. Acidize Drinkard perms from 6582'-6710' in 5' intervals w/total of 140 bbls 15% HCL-NE-FE. Release PPI pkr @ 6580' & reset @ 6570'. Swab. Chemically inhibit Drinkard from 6582'-6710'. Rel pkr. Reset RBP @ 6200'. Acidize Blinebry perms from 5781'-6043' in 5' intervals w/total of 200 bbls 15% HCL-NE-FE. Swab. Rel pkr @ 5780' & RBP @ 6200'. Run prod. equipment & place on test.

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

SIGNED David A. Smylie TITLE Administrative Supervisor

DATE 1/22/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-8-85

*See Instructions on Reverse Side

RECEIVED

FEB 11 1985

OCC
HONORARY OFFICE