

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
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DATE
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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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>Lockhart "B"</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>8</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>unit letter P</i> <i>660' FSL + 660' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Eumet Over Gas</i>
14. PERMIT NO. <i>30-025-24857</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 14 T-213 R-36E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3546' DF</i>	12. COUNTY OR PARISH <i>Lee</i>
	13. STATE <i>N.M.</i>

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) <i>Change of Operator</i>	

(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.)

This is to inform you that the referenced well was taken into the Eunice Monument South Unit, operated by Chevron USA, Inc., P.O. Box 670, Hobbs, N.M. 88240.

As of 2-1-87, Conoco Inc. will no longer operate this well.

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

SIGNED *[Signature]* *FINNEY*

TITLE *Administrative Supervisor*

DATE *2-17-87*

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *2-27-87*

*See Instructions on Reverse Side

RECEIVED
MAR 2 1997
OCD
HOBBS OFFICE