

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLE

TE: re

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-2512

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk B-1

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Blinebry / Drinkard

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

Sec 8-215-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

660' FSL & 1980' FWL

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) multiple completion; acidize

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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. Cut out pkr & 700H. CD to 6811'. Set RBP @ 6810'. Spot 16 bbls xylene from 6790'-6533'. Set pkr @ 6100'. Swab back xylene. Treat Drinkard perfs w/120 bbls pad acid plus 1500 scf/bbl N<sub>2</sub>. Flush w/45000 scf N<sub>2</sub>. Swab. Rel pkr & RBP. Reset RBP @ 6300'. Spot 25 bbls xylene from 5997'-5652'. Set pkr @ 5510'. Treat Blinebry perfs w/130 bbls pad acid plus 1500 scf/bbl N<sub>2</sub>. Flush w/40,000 scf N<sub>2</sub>. Rel pkr & RBP. Ran prod. equipment. Pmpd @ 80, 75 BW & 222 MCF on 3/18/85.

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

SIGNED

David A. Smylie

TITLE

Administrative Supervisor

DATE

4/25/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 29 1985

\*See Instructions on Reverse Side

RECEIVED  
MAY 1 1985  
O.C.D.  
HOBBS OFFICE