

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
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 <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 A
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit B	10. FIELD AND POOL, OR WILDCAT Blainebry / Drinkard
14. PERMIT NO. 30-025-27599	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-215-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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 type="checkbox"/>
(Other) !			

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Acidize and Inhibit			

(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 @ 6869' & Baker model "R" pkr @ 6411'. Acidized Drinkard perfs 6625'-6795' w/ 54 bbls PAD acid, 50/50 mixture of Xylene & 15% HCL-NE-FE inhibited for 24 hrs. Displace w w/37 bbls 2% KCL TFW. Swab. Release pkr & RBP. Set RBP @ 6050'. Set pkr @ 5650'. Pumped 70 bbls PAD acid (50/50 acid to xylene). Flush w/40 bbls TFW. POOH w/ tbg, pkr, & RBP. Hang well on and rig down. Test pumped 21 BO, 23 BW, & 332 MCF in 24hrs.

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

SIGNED Kevin L. Vogel

TITLE Administrative Supervisor

DATE 9-11-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 16 1985

\*See Instructions on Reverse Side