Form 3160-5 (June 1990)		ED STATES T OF THE INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF LAND MANAGEMENT		5. Lesse Designation and Serial No. LC-032096B	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals			6. If Indian. Allottee or Tribe Name
	7. If Unit or CA, Agreement Designation		
Type of Well     Oil     Well     Well     Oil     Well     Overator	8. Well Name and No. Lockhart B-13A #10		
<u>Conoco</u> Inc. 3 Address and Teleph	9. API Well No. 		
10 Desta Dr 4. Location of Well (F	10. Field and Pool. or Exploratory Area Abo/Bline/Drink		
660' FNL & 1980' FEL 24-215-37E			11. Country or Parish, State Lea, NM
CHEC		) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE	TYPE OF SUBMISSION TYPE OF ACTION		
_	ice of Intent sequent Report	Abandonment Recompletion Plugging Back	Change of Plans  New Construction  Non-Routine Fracturing
	al Abandonment Notice	Casing Repair Altering Casing Other Downhole Commingle	Water Sbut-Off Conversion to Injection Dispose Water
13. Describe Proposed of give subsurface	r Completed Operations (Clearly state all locations and measured and true vertica	pertinent details, and give pertinent dates, including estimated date of starting il depths for all markers and zones pertinent to this work.)*	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ; any proposed work. If well is directionally drilled,
6100'. POC RBP @ 7000' xylene/HCL Fumped 20 b KCL. Swab.	mixed 75%-25%. Blo bbls HCL mixture. B . POOH w∕pkr. GIH	pump. FOOH w/tbg. Tagged fill @ 6040 agged sand @ 6793'. Circ out sand to Acidize Wantz Abo 7089'-7428' as fo ck w/200# graded rock salt mixed in 3 lock same. Pumped 10 bbls HCL mixture w/tbg. SN @7388'. Tbg anchor @ 5760 . Well pumping.	7000′. POOH w/ tbg & llows: Pumped 20 bbls bbls gelled brine. - Flush w/50 bbls 2%
Cal			REC Oct 25 AREA and
PER	it to pown Ho	LE LEMMINGLE.	EIVED
BLM (6) Fi	ile NMFU (3)	Ada	
14. I hereby certify that Signed <u>C.A.</u>	the foregoing is true and correct		Date
(This space for Fede	ral or State office use)	Title	Date
Conditions of approv	rai. if any:	not	Uett
	1001, makes it a crime for any person ic ny matter within its jurisdiction.	nowingly and willfully to make to any department or agency of the United S	States any false, fictitious or fraudulent statements