

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse 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 Lockhart B-13A
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Wartz Abco/Drinkard
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-215-37E
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) <u>Recomplete Blinebry</u>	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>

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 @ 6100' & dump 2 sx sand on top. Spot 10 bbls. 15% HCL-NE-FE from 5850'-6100'. Perf the Blinebry zone w/1 JSPF @ 5878', 5882', 5883', 5900', 5932', 5933', 5950', 5951', 5969', & 6025' for total of 10 holes. Set pkr @ 5800'. Breakdown Blinebry perms (5878'-6025') w/44 bbls. 15% HCL-NE-FE. Flush w/60 bbls filtered 2% KCL TFW. Reset pkr @ 5870'. Swab. If swab tests are productive, reset pkr @ 5800'. Fracture Blinebry perms w/total of 95 bbls pad, 476 bbls. frac. fluid & 44250 #20/40 sand. Flush w/24 bbls 2% KCL TFW. Rel pkr. CO to 6090'. Hang well on & place on test.

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

SIGNED David A. Smylie

TITLE Administrative Supervisor

DATE 2/19/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE David A. Smylie

DATE 2-25-85

*See Instructions on Reverse Side