

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 SWD  
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  
990' FSL & 330' FWL  
14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO. LC-063228  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_  
7. UNIT AGREEMENT NAME \_\_\_\_\_  
8. FARM OR LEASE NAME Fields  
9. WELL NO. 2  
10. FIELD AND POOL, OR WILDCAT Cruz Delaware  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-23S-32E  
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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PLUG OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) temp. abandon

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. Set 4 1/2" cmt. retainer w/bull plug @ 5000'. Tested csg. to 500 psi for 15 minutes Well to be TA'd approx. 3 months pending evaluation.

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

SIGNED David S. Smylie

TITLE Administrative Supervisor

DATE 2/15/85

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

FEB 23 1985

\*See Instructions on Reverse Side

RECEIVED

FEB 25 1988

C. C. B.  
HOBBS OFFICE