

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC
(Other instructions o
verse side)

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

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 13. STATE

Lea

NM

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

1111 E. 1st St. - Suite 100 - Dallas, TX 75201

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.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) temp. abandon

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 perti-
nent to this work.)*

MIRU. Set cmt. retainer w/bull plug @ 5000'. Test csg to
500 #. Well to be TA'd approx. 3 months. Verbal app'l.
obtained on 1/23/85 from Bob Pitscke w/BLM & Jerry
Sexton w/NMOC.

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

SIGNED

David S. Smyth

TITLE

DATE

1/24/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-5-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval

*See Instructions on Reverse Side

RECEIVED

FFB - 6 1981

O.C.D.
HOBBS OFFICE