

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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

LEASE REGISTRATION AND SERIAL NO.

LC-068848

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD                                                                                    |  | 7. UNIT AGREEMENT NAME                                              |  |
| 2. NAME OF OPERATOR<br>CONOCO INC.                                                                                                                                  |  | 8. FARM OR LEASE NAME<br>Marshall                                   |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240                                                                                                          |  | 9. WELL NO.<br>2                                                    |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>1980' FSL & 1910' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Cruz Delaware                     |  |
| 14. PERMIT NO.                                                                                                                                                      |  | 15. ELEVATIONS (Show whether DP, RT, GR, etc.)                      |  |
|                                                                                                                                                                     |  | 11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA<br>Sec. 19-23S-33E |  |
|                                                                                                                                                                     |  | 12. COUNTY OR PARISH<br>Lea                                         |  |
|                                                                                                                                                                     |  | 13. STATE<br>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"/> | 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)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| 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)               | <input type="checkbox"/>            |                 | <input type="checkbox"/> |

(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 and 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. Locate leak betw. 782' & 813'. Set pkr @ 536'. Pmpd 15 bbls 2% KCL. Pumped 100 sxs class "C" cmt in 2% KCL water w/4% CaCl<sub>2</sub>. Rel pkr. Tag cmt @ 706'. Drill to 768'. Circ. clean. Drill to cmt @ 806'. Set pkr @ 536'. Pmpd 50 sxs class "C" cmt w/6% Bentonite followed by 50 sxs class "H" w/10#/sx EA-2. Rel pkr. Tag cmt @ 694'. DO to 800'. Circ. clean. Press test csg. Resqueeze w/25 sxs class "C" w/2% CaCl<sub>2</sub> & 10 sxs class "H". Press to 1000 psi. Rel pkr. Tag cmt @ 520'. DO to 810'. Circ. clean. Test csg to 1000 psi. Rel RBP. Spot 2 bbls 7 1/2% HCL from 5180'-5050'. Perf w/1 jsf @ 5111', 15', 18', 19', 21', 23', 29', 35', 39', 46', 48', 51', 53', 55', 58', 63', 65', 69', 73', 75', & 5177' for total of 21 hobs. Pmpd 20 btfw. Treated perms w/1 bbl each of 7 1/2% HCL-NE-FE. Ran prod. equipment. Pmpd 0 BQ & 163 BW on 5/3/85. On 5/29/85, MIRU, pull rods & pump. WITH w/162 jts 2 3/8" tbg & 4 1/2" pkr. Set pkr @ 5033' w/11 pts tension. Pmpd 4 bbls pkr fluid. Pressured annulus to 400 psi. Shut well in. on 5/30/85. Converted to inj under Order No. R-7877, app'd on 4/17/85 by NMOC. Well shut-in waiting on installation of inj. line.

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

SIGNED Ken L. Vogel

TITLE Administrative Supervisor

DATE 6/6/85

(This space for Federal or State office use)

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

TITLE

DATE

JUL 3 1985

\*See Instructions on Reverse Side

RECEIVED

JUL - 5 1935

U.S.  
HOUSE OF REPRESENTATIVES