

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse 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 ☐ GAS WELL ☐ OTHER ☒ <u>Ins well</u>	7. UNIT AGREEMENT NAME <u>NMFU</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>Stevens B</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>8</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit A</u> <u>660' FNL & 660' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Langlie Mattix 7Rus Queen</u>
14. PERMIT NO. <u>30-025-09329</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 12-235-36E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANE ☐

(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) ☒ repair casing leak

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.) *

- ① MIRU. Set pkr @ 750' (leak found between 725' & 756')
- ② GIH and perforate @ 750'
- ③ Set pkr @ 200'
- ④ Press. test backside to 500 psi & leave press. on annulus and attempt to circ. to surf. w/TFW.
- ⑤ If circ. is established, pump 125 sx class "C" cmt w/2% CaCl₂ & displace w/5 bbl; TFW to surface.
- ⑥ If circ. is not established, sqz w/50 sx class "C" cmt w/2% CaCl₂ & displace w/5 bbl; TFW. Pressure up to final sqz press. and hold overnight. (*Note - will use hesitant technique after starting w/flush if necessary to obtain sqz.
- ⑦ Drill out cmt & close pipe rams. Test sqz to 500 psi
- ⑧ Verbal approval given by Bob Pitschke on 11/6/85 and Jerry Sexton-NMOC on 11/7/85.

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

SIGNED [Signature]

TITLE

Administrative Supervisor

DATE

11-7-85

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE

11-21-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side