

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-02889
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit G	8. FARM OR LEASE NAME Wimberly
14. PERMIT NO. 30-025-08140	9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, OR, etc.) 1980' FNL & 1990' FEL	10. FIELD AND POOL, OR WILDCAT Double X Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-24S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) perf additional pay & stimulate	(Other) Completion or Recompletion Report and Log form. <input checked="" 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 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.)*

MIRUon 7/16/85. Spot 2bbls 7 1/2% Dowell, MSK-100 acid. Perf w/ 2 JSPE @ 4997'-5015'. Pumped 50 bbls 7 1/2% TSK-100 acid. Flush w/ 25 bbls 2% KCL wtr. Swab. Release pkr & CO to 5091'. Placed on production. Test pumped 20 BO, 82 BW & 40 MCF on 8/6/85.

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

SIGNED Kevin L. Vogel TITLE Administrative Supervisor DATE 9-12-85

(This space for Federal or State use only)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

RECEIVED
SEP 25 1985
O.C.D.
HOBBS OFFICE