

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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"/>                        | N. M. OIL CONS. COMMISSION                     | 5. LEASE DESIGNATION AND SERIAL NO.                                   | NM-02889        |
| 2. NAME OF OPERATOR<br>CONOCO INC.  | P. O. BOX 1980<br>HOBBS, NEW MEXICO 88240      | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |                 |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface |  | 8. FARM OR LEASE NAME<br>Wimberly                                     |                 |
|   |  | 9. WELL NO.<br>1  |                 |
|   |  | 10. FIELD AND POOL, OR WILDCAT<br>Double X Delaware                   |                 |
|   |  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>Sec 11-24S-32E |                 |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 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"/>    | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>   |
| FRACTURE TREAT <input type="checkbox"/>              | MULTIPLE COMPLETION <input type="checkbox"/>     | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/>                | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>   |
| REPAIR WELL <input type="checkbox"/>                 | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) _____                                  | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| (Other) perf add'l pay                               |  |  |   |

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. CO to 5091'. Spot 2 bbls 7 1/2% HCL from 5030' - 4905'. Perf w/2 jsf @ 4997', 98', 5002', 03', 04', 06', 07', 11', 12', 13', 14', & 15' for total of 24 holes. Set pkr @ 4975'. Breakdown Ramsey "B" sand from 4997' - 5015' w/50 bbls 7 1/2% HCL MSR-100 acid. Flush w/20 bbls 2% KCL. Rel pkr @ 4975'. Run prod. equipment. Place well on production.

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

SIGNED

*Kevin L. O'Neil*

TITLE

Administrative Supervisor

DATE

6/14/85

(This space for Federal or State office use)

APPROVED BY

*Don Ward*

TITLE

*acting*  
District Manager

DATE

7-1-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side