

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction 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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-062749 (C)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Thompson 18 Fed

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Mason Delaware North

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 18-26S-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
CONOCO INC.

M. M. OIL CONS. COMMISSION

P. O. BOX 1380

HOBBS, NEW MEXICO 88240

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 660' FEL

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE DRILLING OR COMPLETION 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. Drill out to 4395'. Circ. hole clean. Drill out to 4422', displace foam w/air. Ran neutron log from 4418'-4200'. Set pkr @ 3688' & tail pipe @ 4305'. Acidize w/10 bbls 7 1/2% HCL-NE-FE diverted w/100 lbs graded rock salt. Pump 20 bbls 7 1/2% HCL acid, divert w/350 lbs salt, pump 20 bbls 7 1/2% acid. Overflush w/40' BTFW. Rel pkr. Ran producing equipment. Pmpd 10 BO, 31 BW & 12 MCF on 3/29/85.

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

SIGNED

TITLE Administrative Supervisor

DATE 5/10/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

MAY 16 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO