

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, N.M. 88240

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-030467(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
CONOCO INC.

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' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Vaughn A-12

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmit-Yates

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

Sec. 12-24S-36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) re-perf

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

MIRU. Perf w/ 1 JSPF @ 2970', 80', 90', 3003', 10', 15', 37', 48', 51', 62' & 71' for total of 11 holes. Load csg annulus w/ 12,000 SCF of N₂ acidized w/ 672 gals. of 15% NE-FE-HCl, 84 gals. of 9.0 ppg brine & flushed w/ 4000 SCF of N₂. Swab. Tested 4 MCFGPD on 1/7/85.

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

SIGNED

David A. Smyke

TITLE

Administrative Supervisor

DATE

1/23/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 29 1985

*See Instructions on Reverse Side

RECEIVED

FEB -1 1985

O.C.D.
HOBBS OFFICE