

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse 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 ☐ GAS WELL ☐ OTHER	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030168(A)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	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 <u>Unit F</u>	8. FARM OR LEASE NAME <u>Eaves A</u>
14. PERMIT NO. <u>30-025-12010</u>	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>1980' FNL & 1650' FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Scarborough-Yates 7 Rurs</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-26S-37E</u>
	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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

test additional pay

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 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, POOH w/ prod. equip.
- ② GIH w/ GR/CCL/CBL and log from 3089'-2000'. (3089'-3017')
- ③ Set retainer @ 3085' and squeeze open hole section NW/100 SXS class "C" w/2% CaCl₂. Flush w/ 18 bbls 9ppg brine. Attempt to achieve squeeze pressure of 1000 psi.
- ④ Spot 2 bbls 15% HCL-NE-FE from 3080'-2998' and perf w/2 JSPF the Y-8 zone (3049'-53') and the Y-9 zone (3067'-71')
- ⑤ Set pkr @ 3000' and acidize Y-8 & Y-9 zones w/ 40 bbls 15% HCL-NE-FE, flush w/20 bbls TFW.
- ⑥ Test pump the Y-8 & Y-9 zones if necessary, if the zones are deemed commercial set RBP @ 3040'. If zones are not commercial, set retainer @ 3040' and squeeze perfs 3049-71' w/50 SXS class "C" w/2% CaCl₂.
- ⑦ Spot 2 bbls 15% HCL-NE-FE from 3040'-2958'. Perf @ 3037', 34', 30', 28', 23', 15', 08', 6 1/2', 02', 3000', 2996', 94', 90', 89', 87' w/2 JSPF. Set pkr @ 2950'. (Cont.)

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

SIGNED

Kevin L. Lloyd

TITLE

Administrative Supervisor

DATE

3-10-86

(This space for Federal or State office use)

APPROVED BY

Carlson

TITLE

DATE

3-18-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAR 19 1986
O.C.D.
HOBBS OFFICE