

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE  
(Other side)  
re-

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 test zone.  
Use "APPLICATION FOR PERMIT" for such proposals.)

|                                                                                                                                               |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                              | 7. UNIT AGREEMENT NAME                                            |
| 2. NAME OF OPERATOR<br>CONOCO INC.                                                                                                            | 8. FARM OR LEASE NAME<br>Eaves A                                  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240                                                                                    | 9. WELL NO.<br>13                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface Unit B | 10. FIELD AND POOL, OR WILDCAT<br>Scarborough-Yates 7 Rurs        |
| 14. PERMIT NO.<br>660' FNL & 1980' FEL<br>30-025-12081                                                                                        | 11. SEC. T., R., M. OR BLK. AND SURVEY OR AREA<br>Sec. 30-265-37E |
| 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 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 type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Test add 1 perfs and sized tested perfs ✓                                                     |                                          |
| (Other) <input 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.) \*

- ① MIRU on 2-18-86. Pool w/ rods & pump, Tag bottom @ 3180', Set RBP @ 3042' & pkr @ 2940'.
- ② Spot 2 bbls 15% HCL from 2980'-2890', Pool w/ pkr.
- ③ Perf w/ 2 JSPF @ 2947', 49', 52', 55', 57', 59', 60', 63', 66', 70'. Set pkr @ 2920' & acidized w/ 36 bbls 15% HCL, flushed w/ 20 bbls TFW, Swabbed.
- ④ Rel pkr & Pool. Ran prod. equip. to test pump and rigged down on 2-23-86.
- ⑤ Test pumped 080, 400BW on 2-26-86. MIRU on 2-26-86. Pool w/ prod. equip.
- ⑥ Tested RBP to 1000 psi and spotted 3-6x6 sand on top.
- ⑦ Set retainer @ 2820' and pumped 100 sxs class "C" w/ 2% CaCl<sub>2</sub>. Squeezed off @ 1500 psi after 24 bbls of slurry. Reversed out excess cmt.
- ⑧ Tag @ 2810'. Drill cmt out to 2970'. Circ. hole clean and tested csg to 500 psi and held OK. Circ. sand off RBP & Pool. Retest csg to 500 psi, held OK.
- ⑨ With w/ prod. equip. and hung well on. Rigged down on 3-2-86.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 3-12-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 17 1986

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carlsbad (6) ARCO (2) Amoco (2) Chevron (1) File

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