

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
NOV 16 10 55 AM '88

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.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	2. NAME OF OPERATOR Conoco Inc.	3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL - Unit Letter D	5. LEASE DESIGNATION AND SERIAL NO. LC-030168A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Daves A	9. WELL NO. 14	10. FIELD AND POOL, OR WILDCAT Scarbrough Yates 7 RVRS	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-26S-37E	12. COUNTY OR PARISH Lea	13. STATE NM
14. PERMIT NO. 30-025-12082	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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

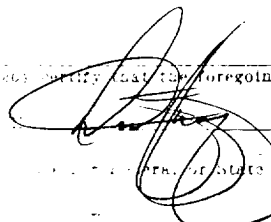
ABANDONMENT*

(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 markets and zones pertinent to this work.)

Work started on 8/1/88. MURU. Tag for fill at 3202'. Acidize pgs w/25 bbls HCl. Swab load. Run producing equipment Rig down. On 8/26/88 MURU. POOH w/prods, pump & Abq. Rig down. Well temporarily shut-in.

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


J. J. FINNEY
Administrative Supervisor

TITLE Administrative Supervisor

DATE November 15, 1988

19. APPROVAL, IF ANY

TITLE

DATE

NOV 29 1988

*See instructions on Reverse Side

CARLSBAD, NEW MEXICO