

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
OTHER INSTRUCTIONS
(Reverse side)

DATE

LEASE DESIGNATION AND SERIAL NO.

LC-030/39B

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Lynn B-1
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface Unit I 1980' FSL + 660' FEL	10. FIELD AND POOL, OR WILDCAT Jalmut Water Gas
14. PERMIT NO. 30-025-21228	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T23S, R36E
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETION ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(Other) ☐	

(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.)

3/19/90 MIRM Swab Unit. Drop 1 Acid & 3 Soap Sticks. SI for 1 1/2 Hrs. WBH w/swab. Pump 1 Bbl 3% NEFE acid down tag, followed w/1.5 bbls 9# prime w/clay sta for flush. Pumped 5 bbls 3% NEFE acid. Tag. & csq. both went on vacuum. SI for 2 hrs. Swab back total of 7 1/2 bbls.

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/3/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side