

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0553642	
2. NAME OF OPERATOR CONOCO INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N. M. OIL & GAS COMMISSION P. O. BOX 1920 HOBBS, NEW MEXICO 88240	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		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 660' FNL & 1980' FEL		8. FARM OR LEASE NAME Wimberly A	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Double X Delaware	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec 13-24S-32E	
		12. COUNTY OR PARISH Lea	
		13. STATE 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) !temp. abandon	<input checked="" type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

MIRU. CO to 5050'. Set CIBP @ 4900'. Pressure test CIBP to 500 psi.
Rig down.

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

SIGNED <i>[Signature]</i>	TITLE <i>SA</i> Administrative <i>Analyst</i> Supervisor	DATE <i>5/24/85</i>
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE <i>AG</i> <i>Assistant</i> <i>Geologist</i>	DATE <i>6-3-85</i>
CONDITIONS OF APPROVAL, IF ANY <i>[Signature]</i>		

*See Instructions on Reverse Side

RECEIVED

JUN -5 1985

O.C.D.
HOBBS OFFICE