

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 (DATE)
(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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Wells A
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 330' FWL Unit Letter D	10. FIELD AND POOL, OR WILDCAT Galmar Yates Seven Rivers
14. PERMIT NO. 30-025-09744	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☒
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

(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.)

Work started 3/4/87 and completed 3/6/87. MIRU. Set CIBP at 3390'. Circ hole w/ 80 bbls fresh water. Test csg & CIBP to 500 psi. Set cement plug and rig down.

ACCEPTED FOR RECORD
MAY 19 1987
SJS
CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

ADMINISTRATIVE SUPERVISOR
DATE April 14, 1987

COPIES OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____

Approved for completion of the well bore.
Likewise, the well is to be completed until
surface is reached and completed. *See instructions on Reverse Side

BLM-Gallop (1) ARCO (2) AMOCO (2) CHEVRON (1) FILE

RECEIVED
MAY 21 1987
OCD
HOBBS OFFICE