			Form approved.
Form 3160-5 UNI D ST	ATES	SUBMIT IN TRIPI TE-	Budget Bureau No. 1004-0135
(November 1983) (Formerly 9-331) DEPARTMENTAGE T	HE INTER	(Oaban Insernation	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND M			1 C-032581(b)
130 00 35 22 1 000 0 382240 1		ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
and the second to dell on to	deepen or plus	back to a different reservoir.	
Use "APPLICATION FOR PERM	IT—" for such	proposals.)	7 (1)
1. OIL GAR [7. UNIT AGREEMENT NAME
WELL WELL OTHER			8. FARM OR LEAGE NAME
2. NAME OF OPERATOR CONOCO INC.			_Sholes B-13
2 ADDRESS OF OPERATOR	00.40		9. WBLL NO.
P. O. Box 460, Hobbs, N.M. 88			2
 LOCATION OF WELL (Report location clearly and in acco See also space 17 below.) 	rdance with an	State requirements.	10. FIBLD AND POOL, OR WILDCAT
At surface			Jalmat Yates / Kyrs Queer
660'FNL & 660'FWL			BURYET OR ARMA
			Sec 13-255-36E
14. PERMIT NO. 15. ELEVATIONS	(Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			Lea NM
16. Check Appropriate Box	To Indicate I	Nature of Notice, Report, or C	Other Data
NOTICE OF INTENTION TO:		ревила	BNT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CAS	SING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLET		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON®		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS		(Other)	of multiple completion on Well
17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly)	tate all pertine	Completion or Recompl	etion Report and Log form.)
proposed work. If well is directionally drilled, give nent to this work.)	subsurface loc	stions and measured and true vertice	il depths for all markers and sones perti-
,	- 2 -	1. " . "	1 (125)
MIRU. Set CIBP@ 3100'. Dur bbls 15% HCL-NE-FE acid fro	np < 5x	is class c new ch	on UBP. Spot 10
bbls 15% HCL-NE-FE acid tro	w 3482	-2729. Pert w/11	SPF @ 2769', 71',74',
90, 2805, 14, 20, 55, 68, 72, 7	1',79',81	1, 84, 90, 93, 2908,	13', 16', 20', 22', 24', 47'
49', 53', 57', 59', 69', 72', 77', 80',			
Pump in 12 bbls 15% HCL-NE-F	E to pin	Acidize each pert	oration individually
for total of 67 bbis 15% HCL-NI	E-FE. k	Kel pkr. Run prod o	equipment & place
Well on test.		,	,
18. I hereby certify that the foresting is true and correct			
Cinn Bull		, Jiministrative Supervisor	3/7/85
SIGNED	TITLE	(Girmascative Oupervisor	DATH = 1.100
(This space for Federal or State office use)		The state of the	2 3666
APPROVED BY	TITLE	PLANT OF A PLOCUTOR ASSA	DATE 3-22.85
CONDITIONS OF APPROVAL, IF ANY:			

