

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-032326(A)

6. 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

Injection Well

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit 0

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Langlie Jack Unit

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Langlie Matrix 7Rus Qn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20-245-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

30-025-11169

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

sqz CSG holes

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 markers and zones pertinent to this work.)*

① MIRU

② Located holes in CSG from 635'-1000' (Approx. 365' of bad pipe)

③ Set RBP @ 3200' and sqz pkr @ 400'

④ Lead-in w/ 150 sxs 50/50 class "C" and Pause. Pump until get cmt returns to surface. Tail-in w/ 200 sxs Thix-o-tropic cmt w/ 2% GCL Displace cmt w/ 6 1/2 bbls TFW.

⑤ Shut-in surf. CSG valve to obtain walking sqz. Will resqz if necessary.

⑥ Verbal app'l for this procedure given by Jerry Sexton on 12-6-85. and Bob Pitscke on 12-6-85.

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

SIGNED

TITLE Administrative Supervisor

DATE

12-9-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12-12-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 18 1985

U.S. DEPT. OF JUSTICE
HOMES OFFICE