

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC-032581-B

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 ☐
2. NAME OF OPERATOR *Conoco Inc.*
3. ADDRESS OF OPERATOR *P.O. Box 460 - Hobbs, NM 88240*
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface *990' FNL + 2310' FWL
unit C*
14. PERMIT NO. *AP# 30-025-11624* 15. ELEVATIONS (Show whether DF, RT, GR, etc.) *3108' DF*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sholes B-19

9. WELL NO.

#2

10. FIELD AND POOL OR WILDCAT

Sholes B-19

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

Sec. 19, T25S, R37E

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:

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.)

7-17-89 MI + RU. TFF @ 2850'. Pump 62 Bbls 9.5 # gal
thru 7-20-89 P+A mud. Spot 115 sxs. cement from 2850-1678'.
Spot 5 sxs. plug 1400'-1461'. Perf. @ 1150'.
Circ. Cement to surface 5 1/2 x 7 5/8" csg.
w/190 s.r. Spot 50' plug. @ surface.
Install P+A marker.

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

SIGNED

W W Baker

TITLE

Administrative Sup'v.

DATE

Aug 7, 1989

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

CHIEF, MINERAL RESOURCES

DATE

8-18-89

CONDITIONS OF APPROVAL, IF ANY:

Approved as to planning of the well bore.
Liability under the Surface Mining Control and Reclamation Act of 1977.
Surface use of the land.

*See Instructions on Reverse Side

RECEIVED