

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
Other Instructions
Reverse Side

DATE
ON

LEASE DESIGNATION AND SERIAL NO.

LC-032326B

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.)

UNIT AGREEMENT NAME

FARM OR LEASE NAME

WELL NO.

FIELD AND POOL, OR WILDCAT

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

COUNTY OR PARISH

STATE

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

Unit letter I 1984/2 330/E

14. PERMIT NO.

30-025-23321

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

It is proposed to open additional Blindry pay + stimulate as follows

1. Isolate existing Blindry perms (5449-5647') w/RBP
2. Perforate upper Blindry (5260-5412', total 8 holes).
3. Acidize perms w/1200 gals 15% HCl-NE-FE. Swab to evaluate.
4. Sand frac upper Blindry. Swab to evaluate.
5. Return well to production.

COPIES
AND

MAR 22 10 53 AM '90

RECEIVED

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

SIGNED

H.A. Ingram

TITLE Conservation Coordinator

DATE

3-20-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-27-90

*See Instructions on Reverse Side