

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Jack B-17
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 1980' FINL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7 Rvrs Queen
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-24S-37E
	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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).*

MIRU on 1/21/85. Spot 4 bbls 15% HCL w/55 gal FT-10-FE. Pumped 200 bbls 15% HCL w/55 gal FT-10-FE acid. Dropped 100* rock salt in 4 bbls gelled brine. Pump 0 bbls acid & divert w/100* rock salt. Flush w/23 bbls TFW. Swab. Place well back on production.

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

SIGNED <u>John A. T. Butterfield</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>2/28/85</u>
(This space for Federal or State office use)		
APPROVED BY <u>John A. T. Butterfield</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

MAR 6 1985

*See Instructions on Reverse Side

RECEIVED

MAR -7 1985

C.S.D.
HONORARY OFFICE