

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-032714(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 ☐

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

660' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Gates A-27

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat Yates 7 Rurs.

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

Sec 27-245-36E

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) test csg.

<input checked="" type="checkbox"/>
-------------------------------------

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.)\*

MIRU wireline. Set 5 1/2" CIBP @ 3430'. Load csg w/100 bbs 9.0 brine and test to 500 psi surface pressure for 15 min. If csg holds, shut well in. If csg does not hold, sundry notice to P&A well will be submitted.

7 A status is

APPROVED FOR 12 MONTH PERIOD

after testing

~~ENDING~~

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

SIGNED

*David A. Smith*

TITLE

Administrative Supervisor

DATE

1/31/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-8-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side