

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
vised BLM-588A)

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 proposal.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Conoco Inc. JUN 4 '90

3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240 O.C.D. OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
unit letter P
710' FSL and 990' FEL

5. LEASE DESIGNATION AND SERIAL NO. NM-1372 ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Barbara Fed. Com. ✓

9. WELL NO. 8 ✓

10. FIELD AND POOL, OR WILDCAT No. Dagger Draw upper Perm.

11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 18, T-19S, R-25E ✓

12. COUNTY OR PARISH Eddy 13. STATE N.M.

14. PERMIT NO. 30-015-26106

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

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Name Change</u> <input checked="" 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.)*

This is to inform you that the name of this well has been changed from: Barbara Federal No. 8 to: Barbara Federal Com. No. 8

RECORDED FOR RECORD
Adm
JUL 10 1990
CARLSBAD, NEW MEXICO

RECEIVED
MAY 24 10 43 AM '90
CAG
ARE

18. I hereby certify that the foregoing is true and correct
SIGNED William W. Baker TITLE Administrative Supervisor DATE 5-23-90

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side