

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. <u>Contract No. 36</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit E</u> <u>1650' FNL & 1020 FWL</u>	8. FARM OR LEASE NAME <u>Northeast Haynes</u>
14. PERMIT NO. <u>30-039-05402</u>	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Otero Gallup/ Basin Dakota</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 21-24N-5W</u>
	12. COUNTY OR PARISH <u>Rio Arriba</u>
	13. STATE <u>NM</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENT TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>1</u>	<input type="checkbox"/>	(Other) <u>Repair casing leak</u>	<input checked="" 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 4/29/85. Milled over pkr. Tag fill @ 6714'. Set RBP @ 5352'. Located holes in 5-1/2" csg from 2025'-2199'. Set pkr @ 1866' to sqz. Pumped 30 bbl 2% KCL, 5 bbl fresh wtr, 100 sxs class "B" lite w/ 1/4 lb/sx flocele, 100 sxs class "H" thick set w/ 4% CaCl₂, 5 bbl fresh wtr, and 8 bbl 2% KCL. POOH w/ pkr. DO cmt. Located holes @ 2176'-2207'. Spot 30 sxs Dowell 12-3 RFC. DO 270' cmt. CO 50' of fill w/ N. Drill 2-10' cmt plugs between 2250' & 2400'. SI and pressure test to 1000 psi. Located hole between 325' & 356'. Pumped 100 sxs pick set cmt w/ 3% CaCl₂. DO 10' of green cmt. Spot Dowell class "H" 12-3 RFC from 376'-212'. Pump 2 bbls 2% KCL. DO cmt. Shut in from 5/15/85 to 5/20/85. Retrieve bridge plug. CO 50' of fill. Rig down on 5/20/85 and release rig. Test flowed 15 BO, 15 BW & 284 MCF on 7/18/85.

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

SIGNED Kevin L. Vogel
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 9-13-85

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 25 1985

FARMINGTON RESOURCE AREA

BY S

*See Instructions on Reverse Side