

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	89 MAR 10 AM 10:45	5. LEASE DESIGNATION AND SERIAL NO. Contract 65
2. NAME OF OPERATOR Conoco Inc.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240		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 1870' FSL + 790' FWL	Unit Letter L	8. FARM OR LEASE NAME Jicarilla 22
		9. WELL NO. 3A (formerly #5)
		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-25N-4W
14. PERMIT NO. 30-039-20418	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Rio Arriba
		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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Recomplete to Mesaverde	

(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. NDWH. NUBOP. Ran GR/CCL from 6500' - 4500'. Set RBP @ 6650'. Press test csg. to 2000 psig. Held. Perf. Point Lookout 5544' - 5688'. Set PKR below perf. Spot 3 bbls acid. from 5688' - 5500'. Set PKR @ 5430' + test backside to 1000 psig. Acidize formation w/ 78 bbls 7 1/2 % HCL-NE-FE dropping 3 1.3 Sg ballsealers after each 2 bbls acid. Flushed w/ 25 bbls 2% KCL wtr. Rel. pKR. Frac w/ 112,000 # sand followed by slickwater. Unload well w/ nitrogen. Swab well. Place well on test.

RECEIVED

APR 04 1989

OIL CON. DIV
DIST. 3

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

SIGNED D.F. Finney TITLE Adm. Supervisor

DATE 3/9/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

MAR 14 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side