

UNITED 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

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, Lubbock, TX, 79401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
unit letter L
1695' FSL + 950' FWL

14. PERMIT NO.
30-039-20438

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

5. LEASE DESIGNATION AND SERIAL NO.
Contract # 147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Old Apache "J"

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T. 10N, R. 5W

12. COUNTY OR PARISH 13. STATE
Mexico *TX*

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <i>Return to production</i>	<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 referenced well was placed back on production 6-2-89.

RECEIVED

JUN 11 1990

OIL CON. DIV
DIST. 3

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

SIGNED

Timothy A. Fode

TITLE

Admin. Supervisor

DATE

6-2-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side