

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 1004-0138
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 ☐	5. LEASE DESIGNATION AND SERIAL NO. <i>Contract #122</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla Apache</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M.</i>	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 <i>Unit better D</i> <i>790' FNL & 1040' FWL</i>	8. FIRM OR LEASE NAME <i>W.S. Apache "C"</i>
14. PREMISE NO. <i>30-039-20968</i>	9. WELL NO. <i>6</i>
15. ELEVATIONS (Show whether OF RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>Blanco Pictured Cliffs</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 4, T-25N, R-4W</i>
	12. COUNTY OR PARISH 13. STATE <i>Rebo Arriba N.M.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and (or form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side