

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

COPY

SUNDRY NOTICES AND REPORTS ON WELLS	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.	
SUBMIT IN TRIPLICATE	
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 078640
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 9:15
3. ADDRESS AND TELEPHONE NO. P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613	7. IF UNIT OR CA, AGREEMENT DESIGNATION San Juan 28-7 Unit
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 1120' FNL & 1740' FEL, UNIT LETTER 'B'	8. WELL NAME AND NO. #217
9. API WELL NO. 30-039-20972	
10. FIELD AND POOL, OR EXPLORATORY AREA Otero Chacra	
11. COUNTY OR PARISH, STATE Rio Arriba County, NM	
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input checked="" type="checkbox"/> Recompletion DHC #2632 <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)</small>
13. 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.) SEE ATTACHED SUMMARY FOR RECOMPLETION DETAILS. NOV 13 2000	
14. I hereby certify that the foregoing is true and correct	
SIGNED <u>Debra Sittner</u> TITLE <u>DEBRA SITTNER, As Agent for Conoco Inc.</u> DATE <u>10-10-00</u> (This space for Federal or State office use)	
APPROVED BY _____ TITLE _____ DATE _____ Conditions of approval, if any:	
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	

* See Instruction on Reverse Side

ACCEPTED FOR RECORD

NOV 13 2000