Form 3 160-5 June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

| FORM APPROVED |
|-------------------------------------|
| Budget Bureau No. 1004-0135 |
| Expires: March 3 1 ,1993 |
| 5. Losse Designation and C. 1 des |
| 5. Lease Designetlon and Serial No. |

| SUNDRY NOTICES AND REP | ORTS ON WELLS | 6. If Indian, Allottee or Tribe Name |
|---|--|---|
| ot use this form for proposals to drill or to dee Use "APPLICATION FOR PERMIT | pen or reentry to a different reservoir. | , and theme |
| SUBMIT IN TRIPL | | 7. If Unit or CA, Agreement Designation |
| of Well | | - |
| Of Operator | | 8. Well Name and No. NICKSON #13E |
| Conoco Inc | | 9. API Well No. 30-045-26230 |
| o. Box 2197 DU-3066 Houston, T. | x 77252-2197 (281) | 10. Field and Pool, or Exploratory Area |
| ion of Well (Footage, Sec., T. R. M. or Survey Description) | | BASIN DAKOTA |
| E, SEC. 26, T-26N, R-08W | | 11. County or Parish, State |
| 2360' FNL & 630' FÉL | | MA NAUL NAS |
| CHECK APPROPRIATE BOX(s) TO INC | DICATE NATURE OF NOTICE, REPO | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | l |
| XXX Notice of Intent | Abandonment | Change of Plans |
| | Recompletion | New Construction Non-Routine Practuring |
| Subsequent Report | Plugging Back Casing Repair | Water Shee-Off |
| Final Abandonment Notice | Altering Casing | Conversion to Injection |
| The Vormonian variation | Other SHUTZIN EXTENSION | |
| cribe Proposed or Completed Operations (Clearly state all pertinent details | | Note: Report results of multiple completion of Completion or Recompletion Report and Leg |
| is complete. This is expected | DEGENTED OCT 2 1 1999 | BECEIVE 99 OCT 14 P |
| • • | om com ent. | 91.0N' M |
| | ON COME DAY. | LA PH 12: 05 |
| | om com ent. | H12: 05 |
| | ON COMEDAY. | H 12: 05 |
| X blyrady Alloo | om com ent. | Date |
| hereby certify that the foregoing is true and correct Signed (This space for Federal or State office use) | Regulatory Analyst | Date |
| This space for Federal or State office use) | Regulatory Analyst | Date |
| (This space for Federal or State office use) Approved by Conditions of approval if any: | Regulatory Analyst Title 281 293-1005 | DateDateCCEPTED FOR RECO |
| (This space for Federal or State office use) Approved by Conditions of approval if any: | Regulatory Analyst Title 281 293-1005 | DateDateCCEPTED FOR RECO |
| Signed Dioral Dol (This space for Federal or State office use) | Regulatory Analyst Title 281 293-1005 | DateDateACCEPTED FOR RECO |

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