

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

COPY

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> JUN 4 26 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		5. LEASE DESIGNATION AND SERIAL NO. <b>SF-078863</b>
SUBMIT IN TRIPLICATE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. IF UNIT OR CA, AGREEMENT DESIGNATION	
2. NAME OF OPERATOR CONOCO INC.	8. WELL NAME AND NO. KRAUSE WN FEDERAL # 3E	
3. ADDRESS AND TELEPHONE NO. P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613	9. API WELL NO. 30-045-24288	
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 835' FNL - 1810' FWL, SEC.33, T28N - R11W, Unit Letter C	10. FIELD AND POOL, OR EXPLORATORY AREA Basin Dakota	
11. COUNTY OR PARISH, STATE SAN JUAN 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 type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other: <u>Temporary Abandonment</u> <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	
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)		
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.)  <b>SEE ATTACHED A PLUS WELL SERVICE REPORT DATED 5/13/00</b>		
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>6/8/00</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

JUN 15 2000

RMOC

FIELD OFFICE

## **A-PLUS WELL SERVICE, INC.**

P.O. BOX 1979

Farmington, New Mexico 87499

505-325-2627 \* Fax: 505-325-1211

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May 13, 2000

**Conoco Inc.**

**Krause WN Federal #3E**

Unit C, NE,NW, Section 33, T-28-N, R-11-W

San Juan County, NM

SF-078863

API 30-045-24288

### **Temporarily Abandonment Report**

#### **Work Summary:**

5-01-00 MO, RU. Layout relief line to pit. SDFD.

5-02-00 Safety Meeting. Open up well and blow down 400# casing pressure and 20# bradenhead pressure. ND wellhead and PU on tubing; remove donut. NU BOP and test. Work tubing to release packer and TOH with 2-3/8" 4.7# tubing dragging packer to 4020'. Unable to get packer past 4020', assumed hole in casing or may be parted??. TIH with tubing and packer; land well at 6207'. Unable to reset packer, rubbers damaged or gone while dragging up hole. ND BOP and NU wellhead. Shut in well and SDFD.

5-03-00 Safety Meeting. RD and move off location.