

Conoco 29.4 #10

UNITED STATES DEPARTMENT OF INTERIOR BUREAU OF LAND MANAGEMENT		5. Lease Description and Serial No. NM - 18317
SUDRY 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 Form 3160-3 for such proposals)		6. If Indian, Allottee or tribe Name
1. Type of Well GAS WELL		7. If Unit or CA, Agreement Number
2. Name of Operator FALCON SEABOARD OIL COMPANY		8. Well Name and No. 29-4 CONOCO 14 #
3. Address and Telephone Number C/O DAVE SIMMONS P. O. BOX 48 FARMINGTON, NM 87499		9. API Number 300392158600s1
4. Location of Well (Sec., T., R., or Survey Description) 980' FNL & 790' FEL Sec. 14, T29N, R4W		10. Field and Pool, or Exploration Acres Gobernador P. C.
		11. County or Parish Rio Arriba Co., NM
12. CHECK APPROPRIATE BOX(es) TO INDICATE THE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other:	<input type="checkbox"/> Disposal Water
	(Note Report result of multiple completions on Well Completion or Recompletion Report and Log Form)	

13. Describe Proposed Completion Operations (Clearly state all pertinent details, and give pertinent dates, including estimated starting and proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markers and zones pertinent to this work.)*

* OPERATOR PLANS TO REPERFORATE THE EXISTING PRODUCING ZONES IN THE PICTURE CLIFFS FORMATION. THE PERFORATIONS WILL BE ACIDIZED AND FRACTURE STIMULATED IF REQUIRED USING A 70Q FOAM FRAC.

RECEIVED
SEP 19 1995
OIL COIL LINK
DIST. 3

NOTE: This format is issued in lieu of U.S. BLM Form 3160-5

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

SIGNED

R. D. SIMMONS

TITLE

AGENT

DATE:

09/14/95

(This space for Federal or State Office use.)

APPROVED BY:

TITLE

DATE:

CONDITIONS OF APPROVAL, IF ANY

APPROVED

SEP 14 1995

DISTRICT MANAGER