

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

SF 082078415A

6. If Indian, Alibetee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

ROELOFS #1

9. API Well No.

30-045-20116

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

SAN JUAN, NM.

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 ☒ Gas Well ☐ Other

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SURFACE: 920' FSL & 1480' FWL, SEC. 22, T 29N, R 08W, UNIT LTR 'N'
TD:

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
CHANGE API #
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

DUE TO THE STATE OF NEW MEXICO ONGARD SYSTEM THE API # FOR THE ABOVE LISTED WELL
HAS BEEN CORRECTED AS FOLLOWS:

OLD API #: 30-045-13002

NEW API #: 30-045-20116

RECEIVED
DEC 19 1994
OIL CON. DIV.
DIST. 3

BLM WELL FILE DJS BRK

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

Signed Bill R. Keathly Title SR. REGULATORY SPECIALIST
(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title

Date

DEC 19 1994

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

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