

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO SF-078414
2. NAME OF OPERATOR CONOCO INC. - Operator Change - <i>from Amoco Prod. Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3817 NW Expressway Oklahoma City, OK 73112		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See a so space 17 below.) At surface 840' FNL & 1180' FEL		8. FARM OR LEASE NAME DAY "B"
14. PERM T NO. 3C-045-27617	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6456' GR	9. WELL NO. 14
		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 NE/4 Sec. 8, T29N-R8W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>New Drilled Well</u>	<input checked="" type="checkbox"/>
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)*

Spud 7-24-90 - Rig released 7-28-90

Ran 6 joints 8-5/8", 24#, K-55 & set @ 263'. Cemented w/200 sx Cl. G. Good cement returns to surface.

Ran 76 joints 5-1/2", 17#, K-55 & set @ 3202'. Stage collar @ 2277'. Cemented 1st Stage w/145 cl. G & 2nd stage w/184 sx Cl. G. Mud returns to surface - no cement returns to surface.

RECEIVED
BY MAIL ROOM

30 AUG 14 AM 12:17

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
AUG 28 1990
OIL CON. DIV.
DIST. 3

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

SIGNED: C. J. Dodson TITLE Supervisor-Regulatory Affairs DATE August 8, 1990

C. J. Dodson

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 24 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY MT

AMOCG