

(June 1990)

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.

891 0072980

6. If Indian, Alibutee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
FOGELSON 11  
WELL # 1

9. API Well No.

30-045-08568

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) 686-5400

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

SURFACE 1850' FSL & 1120' FWL, SEC. 11, T 29N, R 11W, UNIT LTR 'E'  
TD:

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 type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other RETURN TO PRODUCTION
	<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.)\*

THE ABOVE LISTED WELL WAS RETURNED TO PRODUCTION 12-4-95

TEST DATED 12-4-95: 150 MCF, TP 320, CP 520

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

Signed Burt Keathly Title SR. REGULATORY SPECIALIST

Date 12-21-95

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

ACCEPTED FOR RECORD

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

JAN 2 1996

DIST: BLM(6), BRK, CT, FILE ROOM, FARMINGTON

FARMINGTON DISTRICT OFFICE

NMOCD