

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF-080469
2. Name of Operator Conoco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 3817 N.W. Expressway, Oklahoma City OK 73112 (405) 948-3100	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter E; 1850' FWL & 1190' FWL Sec. 2-29N-11W	8. Well Name and No. Federal "E" COM #1
	9. API Well No. 30-045-08759
	10. Field and Pool, or Exploratory Area Basin Dakota
	11. County or Parish, State San Juan NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE 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"/> 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 Notice of Shut-In
	<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 referenced well was shut-in on 01-23-92.

RECEIVED
MAR 12 1992
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES **MAR 01 1993**

14. I hereby certify that the foregoing is true and correct Signed Sonya Baker Title Sr. Oil & Gas Assistant	APPROVED Date MAR 10 1992
(This space for Federal or State office use)	
Approved by _____ Title _____	Area Manager
Conditions of approval, if any:	