

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well ☐ Oil Well ☒ Gas Well Other

2. Name of Operator
CONOCO INC.

3a. Address P.O. BOX 2197 DU 3066
HOUSTON, TX 77252

3b. Phone No.(include area code)
970.385.9100 Ext 125

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

875FWL 660FNL

01-29N-10W

FORM APPROVED

OMB NO. 1004-0135

Expires: November 30, 2000

5. Lease Serial No.
NM-04241

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement Name and/or No.

8. Well Name and No.
FLORANCE E LS 1A

9. API Well No.
3004530135

10. Field and Pool, or Exploratory Area
BLANCO MESA VERDE

11. County or Parish, and State
SAN JUAN NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be files within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

02-17-01 Spudded well. Ran 7 joints of 9-5/8" (36#,J-55) casing, set shoe at 327', hole size is 12-1/4". Cement with 35 bbl(140s) Type III cement with 0.25 pps CelloFlake and 2% CaCl, 14.5 ppg,1.41 yld. Displaced with 21.3 bbls water, returned 12 bbls to surface. Bumped plug with 500# at 4:00pm. Floats held.02-20-01 Ran 46 joints of 7" (20#,J-55) casing, set shoe at 1983', hole size is 8-3/4". Cement with 89 bbls(227s) Type III cement with 2% CaCl, 0.25 pps CelloFlake,12.1ppg, 2.21 yld. Followed with 26 bbls(102s) with 2% CaCl, 0.25 pps CelloFlake, 1.41 yld, 14.5#. Displaced with 77 bbls water, returned 17 bbls to surface. Bumped plug with 1300# psi at 3:30am. Floats held.02-22-01 Ran 121 joints of 4-1/2" (10.5#, J-55) casing, set shoe at 5150', hole size is 6-1/4". Cement with 91 bbls(248s) 35:65POZ with 6% Gel, 7 pps CSE, 0.1% R-23, 0.25% pps CF, 0.45% CD-32, 0.65% FL-52, Type III cement at 12.5 ppg, 2.05yd. Displaced with 81bbls 2% KCl, no returns to surface (air drilled). Bumped plug with 1200# psi at 9:15pm. Floats held.Estimated TOC at 2150' by pressures.

TOC @ 2700' to CBL

Cement bond log indicates 100% cement in 4 1/2" casing = 100%
(CBL on file 3/22/01) A

Electronic Submission #3040 verified by the BLM Well Information System for CONOCO INC. Sent to the Farmington Field Office
Committed to AFMSS for processing by Maurice Johnson on 03/22/2001

Name (Printed/Typed) **DEBRA SITTNER**

Title **AUTHORIZED REPRESENTATIVE**

Signature

Date **03/16/2001**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

