

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.<br>Use "APPLICATION FOR PERMIT-" for such proposals.   |   | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>SF079962</b> |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
|--|---|--|--------------------|----------------|---|--------------------------------------|---|---------------------------------------|---|--|--|---|--|--|--|---------------------------------|--|--|--|---|--|---|--|---|--|--|--|--|
| <b>SUBMIT IN TRIPLICATE</b>  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                   |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>   | 7. IF UNIT OR CA, AGREEMENT DESIGNATION<br><b>7940001740</b>  |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 2. NAME OF OPERATOR<br><b>CONOCO INC.</b>  | 8. WELL NAME AND NO.<br><b>DAVIS A FED. #1</b>                |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 3. ADDRESS AND TELEPHONE NO.<br><b>10 DESTA DR., SUITE 100W, MIDLAND, TX 79705-4500 (915) 686-5424</b>   | 9. API WELL NO.<br><b>30-045-09210</b>                        |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)<br><b>1190' FNL AND 990' FWL, SEC. 25, T30N, R11W, UNIT LTR 'D4'</b>  | 10. FIELD AND POOL OR EXPLORATORY AREA<br><b>BASIN DAKOTA</b> |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 11. COUNTY OR PARISH, STATE<br><b>SAN JUAN, NM</b>   |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA  |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| <table border="1" style="width:100%"><thead><tr><th style="width:40%">TYPE OF SUBMISSION</th><th style="width:60%">TYPE OF ACTION</th></tr></thead><tbody><tr><td><input type="checkbox"/> Notice of Intent</td><td><input type="checkbox"/> Abandonment</td></tr><tr><td><input checked="" type="checkbox"/> Subsequent Report</td><td><input type="checkbox"/> Recompletion</td></tr><tr><td><input type="checkbox"/> Final Abandonment Notice</td><td><input type="checkbox"/> Plugging Back</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Casing Repair</td></tr><tr><td></td><td><input type="checkbox"/> Altering Casing</td></tr><tr><td></td><td><input type="checkbox"/> Other:</td></tr><tr><td></td><td><input type="checkbox"/> Change of Plans</td></tr><tr><td></td><td><input type="checkbox"/> New Construction</td></tr><tr><td></td><td><input type="checkbox"/> Non-Routine Fracturing</td></tr><tr><td></td><td><input type="checkbox"/> Water Shut-Off</td></tr><tr><td></td><td><input type="checkbox"/> Conversion to Injection</td></tr><tr><td></td><td><input type="checkbox"/> Dispose Water</td></tr></tbody></table>  |   |  | 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 checked="" type="checkbox"/> Casing Repair |  | <input type="checkbox"/> Altering Casing |  | <input type="checkbox"/> Other: |  | <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 |
| 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 checked="" type="checkbox"/> Casing Repair             |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
|  | <input type="checkbox"/> Altering Casing                      |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
|  | <input type="checkbox"/> Other:                               |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
|  | <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                        |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 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.)<br><br><b>10-28-96 MIRU. ISOLATED HOLE IN CASING (4012' - 4045'), RATE OF 1.5 BPM AT 850 PSI, SET PKR AT 3096', SQUEEZED 100 SXS CEMENT, ESTIMATED T.O.C. AT 3922', DRILL OUT CEMENT TO 4318', 273' BELOW HOLE (4012' - 4045'). ISOLATED SECOND LEAK (4709' - 4740'), RATE OF 0.8 BPM AT 900 PSI, SET PKR AT 4430', SQUEEZED 75 SXS CEMENT, ESTIMATED T.O.C. AT 4554', DRILL OUT CEMENT. ISOLATED THIRD HOLE IN CASING (4109' - 4265'), RATE OF 0.4 BPM AT 1300 PSI, HUNG TBG AT 4265', SET BOL PLUG, 35 SXS CMT, SQUEEZED W/ TBG AT 3255', AWAY 1.75 BBLS H2O, HELD SOLID 1000 PSI TEST, ESTIMATED T.O.C. AT 3715'. DRILL OUT CEMENT TO 115' BELOW HOLE (4109' - 4265'). ISOLATED HOLE IN CASING (4056' - 4442'), SQUEEZED W/ 42 SXS CLASS 'B' +2% CACL + .3% CF2 + .3% CD32 CEMENT, EST. T.O.C. AT 4031', DRILL OUT CEMENT. ISOLATED LEAKS IN CSG (4152' - 4442'), AT 4444' SQUEEZED BATCH OF 38 SXS (7.7 BBLS) CLASS 'B' NEAT 15.6 PPG CEMENT, EST. T.O.C. AT 3950' PRESS TEST TO 500#, DRILL OUT CMT. TIH W/ HLS COMPRESSION PKR ON 2-3/8" TBG W/ SEATING NIPPLE AND SLIM HOLE MULESHOE COLLAR AND SET AT 6903.80' SWAB WELL.</b><br><br><b>12-5-96 RDMO.</b> |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| 14. I hereby certify that the foregoing is true and correct  |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| SIGNED <u>Eric J. Giles For Deb Bemenderfer</u>  |   | DEBRA BEMENDERFER                                      |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| TITLE <u>AGENT FOR CONOCO INC.</u>   |   | DATE <u>3-11-97</u>                                    |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| (This space for Federal or State office use)   |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| APPROVED BY _____  |   | TITLE _____  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| Conditions of approval, if any:  |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
| <b>ACCEPTED FOR RECORD</b><br><b>MAR 17 1997</b>   |   |  |                    |                |   |                                      |   |                                       |   |  |  |   |  |  |  |                                 |  |  |  |   |  |   |  |   |  |  |  |  |
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| 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.)<br><br>2-3-97 MIRU. RELEASE PKR, TOH W/ TBG, PKR, TAILPIPE, TOTAL 217 JTS TBG, RIH W/ TBG AND SPOT 500 GALS 15% HCL, POH W/ 145 JTS TBG AND PICK UP PKR, RIH W/ 217 JTS 2-3/8" TBG, SN AT 6841', 2-3/8" MUD JOINT AT 6872', 5-1/2" R-4 PKR AT 4600', 145 JTS ABOVE, 72 JTS BELOW PKR, SWAB TBG TO PIT, SLOW FLUID ENTRY, 800' PER HOUR, WELL WOULDN'T FLOW.<br><br>2-7-97 RDMO.   |   |   |                    |                |  |   |                                      |  |   |                                       |   |   |  |   |  |  |   |  |  |  |  |   |  |
| 14. I hereby certify that the foregoing is true and correct  |   |   |                    |                |  |   |                                      |  |   |                                       |   |   |  |   |  |  |   |  |  |  |  |   |  |
| SIGNED <u>Eric J. Liles For Deb Bemenderfer</u> DEBRA BEMENDERFER<br>TITLE <u>AGENT FOR CONOCO INC.</u> DATE <u>3-11-97</u><br>(This space for Federal or State office use)<br>APPROVED BY _____ TITLE _____ DATE _____<br>Conditions of approval, if any:   |   |   |                    |                |  |   |                                      |  |   |                                       |   |   |  |   |  |  |   |  |  |  |  |   |  |
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\* See Instruction on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE

MAR 17 1997