

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-1  
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  GAS WELL  OTHER  *Direction*

2. NAME OF OPERATOR *Conoco Inc.*

3. ADDRESS OF OPERATOR *P.O. Box 460 - Hobbs, NM 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
*2080' FNL & 660' FEL*

5. LEASE DESIGNATION AND SERIAL *LC-029405B*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME *William Mitchell B*

9. WELL NO. *#4*

10. FIELD AND POOL OR WILDCAT *Meljamin G-SA*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA *Sec. 18, T17S, R32E*

12. COUNTY OR PARISH *Area* 13. STATE *NA*

14. PERMIT NO. *30-025-08021* 15. ELEVATIONS (Show whether DF, RT, GR, etc.) *4014' KB*

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

*See attached wellbore diagram.  
(Well HAS BEEN PVA).*

OCT 27 10 47 AM '89  
RECEIVED

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

SIGNED *Maxine Simpson* *W. W. Baker* TITLE *Administrative Supervisor* DATE *Oct. 25, 1989*

(This space for Federal or State office use)

APPROVED BY *Orig. Signed by...* TITLE *...* DATE *11-1-89*

CONDITIONS OF APPROVAL, IF ANY:

Mitchell "B" #4

SPC 18, T-175, R-32E

Present Wellbore Diagram

GL 4001'  
KB 4014'

Cellar Filled  
w/ CMT AND/OR SAND  
TO CONTOUR

4"

Mitchell "B" #4  
H-18-T175-R32E

3' or @ BASE of  
Cellar whichever  
is greater

2 5/8" 28# @ 210'

97 SX  
CLASS 'C'  
0-260'

4 JSPF @ 260'

TS - 825'  
BS - 1918'

TOC @ 750' TS

3654' - 3413'

SET CIBP @ 3654 w/ 25 SX  
CLASS 'C'  
CMT

3729 - 3733

3753 - 3759

3768 - 3772

3799 - 3806

3947 - 3951

4004 - 4009

CMT @ 4020'  
w/ 45x CMT OUT.

4094 - 4100

4110 - 4113

4124 - 4128

4133 - 4139

4177 - 4188

4 JSPF

5/8" 14# @ 4130'

TO 4132

w/ 25 SX

10-9-89 DMA

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OOO  
HOBSB OFFICE