

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE\*  
(Other instruction  
verse side)

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC-031670B

IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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  
*Unit C 660/N + 1980/W*

14. PERMIT NO. *30-025-07848*

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME  
*SEMU*

8. FARM OR LEASE NAME  
*SEMU Abo*

9. WELL NO.  
*#58*

10. FIELD AND POOL OR WILDCAT  
*East Skags Abo*

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA  
*29, T20S, R38E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*NM*

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <i>Temporarily Abandonment</i> <input checked="" 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.)\*

*9-21-89 GIH w/ 5 1/2" Arrow CIBP, set @ 6950'. Pressure up to 500 psi for 15 min, held. Reverse circ. well w/pkr. fluid.*

*Chart attached*

RECEIVED  
OCT 13 11 05 AM '89

*12*  
*11/1/1990*

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

SIGNED *W.W. Baker* TITLE *Adm. Supervisor* DATE *Oct 9, 1989*

(This space for Federal or State office use)

APPROVED BY *Orig. Signed by Adam Salameh* TITLE *PETROLEUM ENGINEER* DATE *11/6/89*

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

*h*

