SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals and office the proposals) Double of this form for proposals and the proposals of th	Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on Department of Land Management) BUREAU OF LAND MANAGEMENT				Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1085 5. LEASE DESIGNATION AND SERIAL NO. LC-0695/5	
OND ART OF OPERATOR 2. NAME OF OPERATOR CONOCO INC. 3. ADDITION OF NELL REPORT REALIDS PRINCED TO BE ACCORDANCE WITH ANY STATE PROJECTIONS OF NELL REPORT REALIDS PRINCED TO BE ACCORDANCE WITH ANY STATE PROJECT TO BOOK.) 4. LOCATION OF NELL REPORT REALIDS PRINCED TO BE ACCORDANCE WITH ANY STATE PROJECT TO BOOK.) 4. LOCATION OF NELL REPORT REALIDS PRINCED TO BE ACCORDANCE WITH ANY STATE PROJECT TO BOOK.) 4. LOCATION OF NELL REPORT REALIDS PRINCED TO BE ACCORDANCE WITH ANY STATE PROJECT TO BOOK. 4. LOCATION OF NELL REPORT ROOM, AND ANY STATE PROJECT TO BE ACCORDANCE TO BE ACCORDED	,	is form for proposals to drill or to	deepen or plug back to	a different reservoir	6. IF INDIAN, ALLOTTEE OF TRIBE NAM	1
S. ADDRESS OF OPERATOR P. O. BOX 460, Hobbs, N.M. 88240 D. VILL AND TO THE EMPLOY OF THE AND TO THE AND THE	WELL GAS WELL OTHER INJECTION					
4. DOCATION OF MILL IRPORT INSTANCE CIRCLY and in accordance with any State requirement. 4. DOCATION OF MILL IRPORT INSTANCE CIRCLY and in accordance with any State requirement. 5. DATE Delaware 10. PIELL AND PROBLEM TO BE MADE AND 11. PIELLY NO. 12. COUNTY OF PARKET IN THE STATE AND OF INTERFECT TO. 13. MODE OF SURE STATE AND OF INTERFECT TO. 14. PIELLY NO. 15. CLASSING PROBLEM TO. 16. Check Appropriate Box To Indicate Native of Notice, Report, or Other Data NOTICE OF INVERTIGE TO. 16. Check Appropriate Box To Indicate Native of Notice, Report, or Other Data NOTICE OF INVERTIGE TO. 17. WATER BROTOFF PRICTION TO INVERTIGE TO. 18. MODITION OR ACCOUNTY TO ABSTORM REPAIR WILL CHANGE PLANT CHA	2. NAME OF OPERATOR	CONOCO INC.				-
See also squer 17 below.) At surface 1980' FNL \$ GGO' FEL SEAL STORES SEE AND SECURITY CONTROL (Show watcher or, et. ch. etc.) 11. FERNIT NO SCC. 25-265-381 12. CORPT ALBERT 13. SELECT AND SCIENCE STORES SEC. 25-265-381 14. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice or Interface or Interface Security and Security					9. WELL NO.	_
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **STREET OF STREET OF STREE	See also space 17 below.)				El Mar Delaware	_
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: ***SUBBRIGHT REPORT OF: ***TEST WATER SHUT-OFF FACTURE TREAT ***SHOOT OR ACTORDER ***BARNON** ***BROOT OR ACTORDER ***CHANGE FLANT ***CONTRIBLE PROFILED OR CONTRIBLES OF PREATURE ACTORDER ACTORDER OR ACTORDER OR CONTRIBLE OR OR C			EL (Show whether DF, RT, GR	., etc.)	12. COUNTY OR PARISH 13. STATE	
NOTICE OF INTENTION TO: TEST WATER SHOTOFF PELL OR ALTER CASING WATER SHOTOFF REPAIRING WELL ALTERING CASING ALTORING TREAT ALTERING CASING SHOTING OR ACTORING TREAT ALTERING CASING SHOTING OR ACTORING TREAT ALTERING CASING SHOTING OR ACTORING OR ACTORING TREAT ALTERING CASING SHOTING OR ACTORING OR ACTORING TREATS (CHANGE PLANS (CHANG			To Indicate Nature	of Natice Report or C		_
FRACTURE TREAT 8800T OR ACIDIER ABANDON* BEPARK WELL CHANGE PLANT (Other) TEMPORARY ADAINON (Note: Performed and Conference of Chemical State of Completion of Activation of Activation of Completion of Completion of Multiple completion on Well (Note: Performed and Completion of Completion						
Administrative Supervisor DATE 3-6-87	PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED proposed work. nent to this work.	OR COMPLETE'S OPERATIONS (Clearly if well is directionally drilled, give	state oil pertinent deta	SHOOTING OR ACIDIZING (Other) (NOTE: Report results Completion or Recompletion or Recompletion or Recompletion or Recompletics and give pertinent dates, and measured and true vertical	ALTERING CASING ABANDONMENT [®] FAY ABANDON Of multiple completion on Well etion Report and Log form.) Including estimated date of starting and I depths for all markets and tones per	1-
CONSTRUCTS OF APPROVAL, IF ANY:	12 8772 A	of a for state of the use:	TITLE Admini	strative Supervisor		

*See instructions on Reverse Side

MAR TORRES OFFICE