

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
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

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-032714(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Gates A-27

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Jalmat Yates 7 Rvrs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 27-24S-36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.

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

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) Temp. Shut-in	
(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.)*

MIRU on 2/27/85. Set CIBP @ 3430'. Loaded csg & tested to 500# for 15 min. OK'd per BLM. Well is temp. shut-in.

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

SIGNED David S. Emyle TITLE _____ DATE 4/3/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE Administrative Supervisor DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 4 1985

*See Instructions on Reverse Side

RECEIVED

APR 11 1985

C.C.D.
MESS OFFICE