

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 ☐	7. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>Ascarate D-24</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit J</i> <i>1980' FSL + 1980' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Galimat Yates Gas</i>
14. PERMIT NO. <i>30-025-09794</i>	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>3132' DF</i>
	11. SEC., T., S., R., OR S.E. AND SURVEY OR AREA <i>Sec. 24, T-25S, R-36E</i>
	12. COUNTY OR PARISH <i>Lin</i>
	13. STATE <i>N.M.</i>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>Change of Operator</i>	

(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.)

This is to inform you that the referenced well has been sold to:

*Lewis B. Burleson Inc.
P.O. Box 2479
Midland, Texas 79702*

Effective September 1, 1986, Conoco Inc. will no longer operate this well.

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

SIGNED *[Signature]* TITLE *Administrative Supervisor* DATE *9-10-86*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY: _____

SEP 24 1986

*See Instructions on Reverse Side

RECEIVED
SEP 29 1986
HOBBS COUNTY