

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other Instructio
Reverse Side)

DATE
in re

LEASE DESIGNATION AND SERIAL NO.
LC-031670B
IF INDIAN, ALLOTTEE OR TRIBE NAME
0316957

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 1980' FNL + 1650' FWL

14. PERMIT NO.
30-025-26032

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

7. UNIT AGREEMENT NAME
SEMI Blinberg

8. FARM OR LEASE NAME

9. WELL NO.
99

10. FIELD AND POOL OR WILDCAT
Blinberg Oil & Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-20S-38E

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) Temporarily Abandon <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.)*

4/19/90 P00H w/prod. equip. Set CIBP @ 5740'. Circ. wellbore
w/250 Bbl packer fluid. Pressure test casing to 500'
for 15 min. See attached chart. We request a
TA permit.

RECEIVED
MAY 31 11 11 AM '90
GAT
APR
1990

REPORTED FOR 12 MONTHS END
ENDING 5/31/91

18. I hereby certify that the foregoing is true and correct
SIGNED **H.A. Ingram** TITLE **Conservation Coordinator** DATE **5/25/90**

APPROVED BY _____ TITLE _____ DATE **6-4-90**

(6)BLM (1)File

*See Instructions on Reverse Side

