

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 64
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ticarilla Apache
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 1785' FNL + 335' FWL Unit E		8. FARM OR LEASE NAME Ticarilla 20
14. PERMIT NO. 30-039-24271		9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7370' GL		10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 T25N R4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud & Set Surf CSG

(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.)

Spud well on 9/29/88 @ 12:30 Am. Ran 10 jts of 8 5/8",
24# , K-55 ~~gcs~~ surface casing and set @ 420'.
Cemented w/ 300 sxs Class B w/ 2% CaCl₂.
Circulated 37 bbls to surface.

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

SIGNED

D.F. Finney

TITLE

Adm. Supervisor

DATE

10/6/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 12 1988

FARMINGTON RESOURCE AREA

BY KLT

NMOCC

*See Instructions on Reverse Side