Ferm	3160	)-5
(Nove	mber	1983)
(Form	erly	9 - 331)

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

SUBMIT IN TRIPLICATE.

Budget Bureau No.	1004-0135
Expires August 31,	1985

BUREAU OF LAND MANAGEMENT

LEASE	DESIGN	ATION	AND	SERIAL	N
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ABANDON MENT®

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.)	Jicarilla Apache
OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR  Conoco Inc.	8. FARM OR LEASE NAME  JICAVILLA 20
3. ADDRESS OF OPERATOR POBOX 460, Hobbs, Nm 88240	9. WELL NO.
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	10. FIELD AND POOL, OR WILDCAT  W. Lindrith Gallup Dakot  11. SEC., T., E., M., OR BLE. AND  SURVEY OR AREA
14. PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 18 T25N R4W
30-039-24271 7370' GL	RIO Arriba NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, o	r Other Data

NOTICE OF INTENTION TO: PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL MULTIPLE COMPLETE ALTERING CASING

TEST WATER SHUT-OFF FRACTURE TREAT FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other)

(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.)

Ran 186 jts of 51/2", 17#, N804 K-55 production casing and set @ 8212'. Cemented w/1250 3x5 class"H" and 50 sxs Class "B" Neat. No cement returns. Top of Cement @ 3400' based on temp. Survey.

DECEIVE NOV21 1988

8. I hereby certify that the foregoing is true and correct		
SIGNED D.F. Finney	TITLE Adm. Supervisor	DATH 11 8 88
(This space for Federal of State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

MRROAC

\*See Instructions on Reverse Side