

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686-5400

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SURFACE: 1835' FNL & 1875' FEL, SEC. 20, T-30N, R-10W, UNIT LTR 'G'
TD: 1835'

5. Lease Designation and Serial No.

NM 03567

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

16433

GAGE FED. #2R

9. API Well No.

30-045-27501

10. Field and Pool, or Exploratory Area

AXTEC PICTURED CLIFFS

11. County or Parish, State

SN JUAN, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	CHANGE WELL NAME
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

CONOCO INC. WISHES TO CHANGE THE NAME ON THE ABOVE WELL, DUE TO A RECENT RECOMPLETION.

OLD WELL NAME & NUMBER: FC FEDERAL COM #9

NEW WELL NAME & NUMBER: GAGE FED. #2R

RECEIVED
DEC - 8 1994
OIL CON. DIV.
DIST. 3

DEC 14 1994

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

Signed [Signature] Title SR. REGULATORY SPECIALIST

(This space for Federal or State office use)

COPIED FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____

Date

DEC 0 5 1994

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side