

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

5. Lease Designation and Serial No.
SF-080469

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Federal "E" COM #1

9. API Well No.
30-045-08759

10. Field and Pool, or Exploratory Area
Basin Dakota

11. County or Parish, State
San Juan NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator *Mess.*
Conoco Inc.

3. Address and Telephone No.
3817 N.W. Expressway, Oklahoma City OK 73112 (405) 948-3100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**Unit Letter E; 1850' FML & 1190' FWL
Sec. 2-29N-11W**

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 <u>Notice of Shut-In</u>
	<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.)*

The referenced well was shut-in on 01-23-92.

RECEIVED
MAR 10 11 24 AM '92
BUREAU OF LAND MANAGEMENT
SANTA FE, NEW MEXICO

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

Signed Sonya Baker

Title Sr. Oil & Gas Assistant

APPROVED
Date 3/10/92

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date **MAR 10 1992**

AREA MANAGER