

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Conoco Inc. ✓	8. FARM OR LEASE NAME Preston Federal
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L 1900' FSL & 850' FWL	10. FIELD AND POOL, OR WILDCAT So. Dagger Draw <u>WFF</u> Penn
14. PERMIT NO. 30-015-20349	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35--20S--24E
15. ELEVATIONS (Show whether DP, RT, CR, etc.) ARTESIA, OFFICE	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporarily shut-in lease	XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

Effective April, 1987, Conoco discontinued production from this well. This course of action was necessary because of poor profitability due to continued gas curtailment by the purchaser pipeline and high processing expenses associated with H₂S and mercaptan removal. We will return this well to production as soon as these matters are resolved.

This well holds additional undeveloped acreage by production and we do not wish to jeopardize the lease on this property. Therefore, Conoco requests a one year extension for this lease.

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

SIGNED Dr. F. Finney

TITLE Administrative Supervisor

DATE 1/28/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-11-88

*See Instructions on Reverse Side