

RECEIVED BY  
 (November 9-33)  
**JUL 5 1985**  
 O.C.D.  
 ARTESIA OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE  
 (Other instructions apply to lease applications)

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

C/ST

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. ARTESIA OFFICE  
 OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
 CONOCO INC.

3. ADDRESS OF OPERATOR  
 P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
 At surface

14. PERMIT NO.  
 API # 30-015-25310

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 3330' GL

5. LEASE DESIGNATION AND SERIAL NO.

NM-24160

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
 Tuesday Fed

9. WELL NO.  
 2

10. FIELD AND POOL OR WILDCAT  
 Tanker Tract SR-6-6-5A  
 Dates Yates 7 RWFS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>set surface csg; spud</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)\*

MIRU. Spud @ 3:30 p.m. on 6/25/85. Ran 9 jts 8 5/8", 24", K-55 csg set @ 398'. Cmt csg w/250 sxs class "C" cmt + 2% CaCl2. Displace cmt. Circ 25 sxs in returns. WOC.

18. I hereby certify that the foregoing is true and correct  
 SIGNED [Signature] TITLE Administrative Supervisor DATE 6/28/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

[Signature]  
 JUL 3 1985

\*See Instructions on Reverse Side