

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamogordo, NM 88310

Budget Bureau No. 1004-01
Expires August 31, 1985 45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>		8. FARM OR LEASE NAME <i>Barbara Federal</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, NM 88240</i>	JUN 19 '89	9. WELL NO. <i>8</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>710' FSL & 990' FEL Unit P</i>	O. C. D. ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT <i>No. Dagger Draw Upper Pen.</i>
14. PERMIT NO. <i>30-015-26106</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3585.4 GL</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 18 T19S R25E</i>
		12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

*Spud well @ 10:00 A.M. on 5-13-89.
Ran 29 jts. of 9 5/8", 36#, K-55, ST+C surface casing
and set @ 1200'. Cemented w/400 sxs Thixotropic Lite
and 400 sxs Class "C" and had 370 sxs cement returns
@ 5:06 P.M. on 5-15-89*

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

SIGNED

W.W. Baker

TITLE

Adm. Supervisor

DATE

6/5/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side