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UNITED STATES

SED - 2 1993

FORM APPROVED

June 1990) DEPARTMEN	T OF THE INTERIOR	Budget Bureau No. 1004-0135 Expires: March 31, 1993
- ·	LAND MANAGEMENT C. L. D.	5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		NM 045276
		6. If Indian, Allottee or Tribe Name
Use "APPLICATION FO	R PERMIT—" for such proposals	
SUBMIT IN TRIPLICATE 1. Type of Weil Oil Gas CHANGE NAME FROM PRESTON FEDERAL #8 TO PRESTON 35N FEDERAL #8 2. Name of Operator		7. If Unit or CA, Agreement Designation
		8. Well Name and No.
		PRESTON 35N FEDERAL #8
Conoco Inc. / 3. Address and Telephone No.		30-015-27489
10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		SO. DAGGER DRAW UPPER P
1050: FNI 1 660: FFI CVC 35	T-20S, R-24E, UNIT LTR 'H'	11. County of Parisit, State
1650° FNL & 660° FEL, SEC. 35,	1 200, 1 244, 0111 241 1	EDDY, NM
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
Final Abandonment Notice	Other NAME CHANGE	Dispose Water
	M -	(Note: Report results of multiple completion on We 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 starticical depths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally dril
give subsurface locations and measured and new year		
CONOCO WISHED TO CHANGE THE LE	ASP NAME	
	NOE RAID	
FROM: PRESTON FEDERAL #8		
TO: PRESTON 35N FEDERAL #	8	
EFFECTIVE WITH AUGUST 1993.		
		0/40
		Post ID-3
		9-3-93
		Post ID-3 9-3-93 chy be name
14. I hereby certify that the foregoing is true and correct	O OR PROVISE AMONG CREE	0 01 00
Signed Sill X. Zeul	SR. REGULATORY SPEC	Date 8-31-93
(This space for Federal or State office use)		
Approved by	Title	Date
Conditions of approval, if any:		