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orm 3160-5 une 1990)	UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MÁNA	GEMENT N.M. (FORM APPROVED Budget Bureau No. 1904-0135 Expires: March 31, 1993 Demonstron and Serial No. 1st Step A NM 0452/60	
)o not use this form for i	SUNDRY NOTICES AND REPORT proposals to drill or to deepen or reentry	RTS ON WELLS AT 10Sia, to a different reservoir.	1st Strept NM 045276 NM 88210-2834	
	TION FOR PERMIT - for such proposals		7. If Unit or CA, Agreement Designation	
	SUBMIT IN TRIPLICA	TE	100	
Type of Well X Oil Gas			8. Wéll Name and No.	
Well Well Name of Operator	Other		Preston Federal	
CONOCO INC.			#17 9. API Well No.	
Address and Telephone No.			30 015 29:35	
	00, MIDLAND, TX. 79705 (915) 686 - 5424 , T., R., M., or Survey Description)	664-6381	10. Field and Pool, or Exploratory Area	
SURFACE: 1980 FSL &			So. Dagger Draw - 15475 11. County or Parish, State	
TD: Sec 35, T2	0S, R24E		Eddy County, NM	
CHECK APPROP	RIATE BOX(S) TO INDICATE NATU	IRE OF NOTICE, REPORT	T, OR OTHER DATA	
TYPE OF SUE	BMISSION	TYPE OF AC	TION	
Notice of Inte	ent	Abandonment	Change of Plans	
		Recompletion	New Construction	
X Subsequent	Report	Plugging Back	Non-Routine Frecturing	
		Casing Repair	Water Shut-Off	
· · · · · · · · · · · · · · · · · · ·				
Final Aband	onment Notice	Altering Casing	Conversion to Injection	
Describe Proposed or Comple	onment Notice ted Operations (Clearly state all pertinent details, and ubsurface locations and measured and true vertical de	Attering Casing X OTHER: Spud & set casing Gree pertinent dates, including estimated	Conversion to Injection Dispose Water Qolds: Report results of multiple completion on theil Completion or Recompletion Report and Log form.) d date of starting any proposed work. If well is	
Describe Proposed or Comple	ted Operations (Clearly state all pertinent details, and ubsurface locations and measured and true vertical de	Attering Casing X OTHER: Spud & set casing Gree pertinent dates, including estimated	Conversion to Injection Dispose Water Qolds: Report results of multiple completion on theil Completion or Recompletion Report and Log form.) d date of starting any proposed work. If well is	
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