

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-FOLD
(Other instruction
reverse side)

DATE
1-70

Revised Bureau Form 3100-5
Effective August 31, 1985

c/sr

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 ☒ GAS WELL ☐ OTHER ☐		RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>		MAR 27 '90	8. FARM OR LEASE NAME <i>Russell 35 Federal</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, NM 88240</i>		A.C.P. APPROPRIATE OFFICE	9. WELL NO. <i>#6</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <i>At surface</i> <i>400' FSL & 1800' FEL</i>			10. FIELD AND POOL, OR WILDCAT <i>North Mason Delaware</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3116.3 G-L</i>		11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA <i>Sec. 35, T-26S R-31E</i>
			12. COUNTY OR PARISH 13. STATE <i>Eddy NM</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	
(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.) *

We propose to change the APD for this well by increasing the surface hole size to 12 1/4" which will require 260 sacks of cement. Please note this change.

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

SIGNED <i>Sharon J. Ingram</i>	TITLE <i>Conservation Coordinator</i>	DATE <i>3/13/90</i>
(This space for Federal or State office use)		
APPROVED BY <i>Orig. Signed by Sharon J. Ingram</i>	TITLE	DATE <i>3-14-90</i>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side