

(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

| SUNDARY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                         |  | 5. LEASE DESIGNATION AND SERIAL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.<br>Use "APPLICATION FOR PERMIT" for such proposals.                                                                                                                                                                                                                                                            |  | 5F078096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SUBMIT IN TRIPLICATE                                                                                                                                                                                                                                                                                                                                                                                         |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                              |  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                                                                                                                                                             |  | 7. IF UNIT OR CO. AGREEMENT DESIGNATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. NAME OF OPERATOR<br>CONOCO                                                                                                                                                                                                                                                                                                                                                                                |  | Aach Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. ADDRESS AND TELEPHONE NO.<br>3315 Bloom Field Hwy. Farmington, N.M. (505) 327-9857                                                                                                                                                                                                                                                                                                                        |  | 8. WELL NAME AND NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4. LOCATION OF WELL (Footage, Sec., T., R. N., or Survey Description)<br>1900' FNL & 2300' FEL, SEC 23, T1N, R11W                                                                                                                                                                                                                                                                                            |  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10. FIELD AND POOL OR EXPLORATORY AREA<br>W231N11W23E PARADOX                                                                                                                                                                                                                                                                                                                                                |  | 9. API WELL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11. COUNTY OR PARISH, STATE<br>SAN JUAN, NEW MEXICO                                                                                                                                                                                                                                                                                                                                                          |  | 30-045-30040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                           |  | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Notice of Intent<br><input type="checkbox"/> Subsequent Report<br><input type="checkbox"/> Final Abandonment Notice                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Abandonment<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Plugging Back<br><input type="checkbox"/> Casing Repair<br><input type="checkbox"/> Altering Casing<br><input checked="" type="checkbox"/> Other: _____<br><input type="checkbox"/> Change of Plans<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Non-Routine Fracturing<br><input type="checkbox"/> Water Shut-Off<br><input type="checkbox"/> Conversion to Injection<br><input type="checkbox"/> Dispose Water |
| 13. 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 measures and true vertical depths for all markers and zones pertinent to this work.)<br><br>Notice of spud on 3-6-2000<br><br>Calvin Hallaway SR. Drilling Rep. 3-5-00 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 14. I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SIGNED _____<br>(This space for Federal or State office use)                                                                                                                                                                                                                                                                                                                                                 |  | TITLE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| APPROVED BY _____<br>Conditions of approval, if any:                                                                                                                                                                                                                                                                                                                                                         |  | TITLE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.<br>* See instruction on Reverse Side                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

ATTN: DEBRA SITTNER

FAX (970) 385-9107

RECEIVED FROM

\*\* TOTAL PAGE.01 \*\*