Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Contract No. 41

1. OIL WELL ☐ GAS WELL ☐ OTHER Saltwater Disposal Well

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Conoco Inc.

8. FARM OR LEASE NAME
Jicarilla 30

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface,
Unit Letter C
810' FNL and 1825' FWL

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT
Lindrith Gallup Dak. W.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-25N, R-4W

14. PERMIT NO.
30-039-05861

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7025' GR

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

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 COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Notice of shut in SWD Well			☒
(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.)*

This is to inform you that the referenced well was shut in 4-15-87 because it has reached the maximum well head injection pressure as set by the NMOCD.

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OIL CON. DIV.
DIST. 3

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

SIGNED DF Finney TITLE Administrative Supervisor ACCEPTED FOR RECORD DATE 5-20-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 19 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY _____

*See Instructions on Reverse Side

NMOCC

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.