

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>Contract # 147</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla Apache</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>unit letter D</i> <i>990' FNL & 880' FWL</i>	8. FARM OR LEASE NAME <i>"M.D. Apache" 5</i>
14. PERMIT NO. <i>30-039-06120</i>	9. WELL NO. <i>5</i>
15. ELEVATIONS (Show whether DF, ST, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>Blanco P.C., La.</i>
	11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA <i>Sec. 7, T. 25N, R. 5W</i>
	12. COUNTY OR PARISH <i>Rio Arriba</i>
	13. STATE <i>N.M.</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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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 placed back on production

4-2-90.

RECEIVED

MAY 4 1990

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

MAY 29 1990

OIL CON. DIV.
DIST. 3

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

SIGNED *Marianne Simpson*

TITLE *Administrative Supervisor*

DATE *5-3-90*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MMOCD

*See Instructions on Reverse Side