

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>Contract # 65</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>890' FNL + 890' FWL</i>	8. FARM OR LEASE NAME <i>Jicarilla 22</i>
14. PERMIT NO. <i>30-039-20207</i>	9. WELL NO. <i>3</i>
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>Blanco Mesquite / Lindrith Gallup Nat. H.</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 22, T-25N, R-4W</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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <i>Return to production</i> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recombination 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 recently downhole commingled in the Lindrith Gallup Natata and Blanco Mesquite pools and placed on production 2-18-90.*

RECEIVED

MAR 6 1990

OIL CON. DIV.  
DIST. 3

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

SIGNED *Marianne Simpson* TITLE *Administrative Supervisor* DATE *2-23-90*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

MAR 12 1990

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side