

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Contract # 65

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 22

9. WELL NO.

12 A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde /
Lindith Gallup Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15, T. 25N, R. 4W

12. COUNTY OR PARISH 13. STATE

Rio Arriba N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Conaco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface
Unit letter J

14. PERMIT NO.

30-039-20227

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

2080' FSL & 2290' FEL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

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.)

Return to production

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 Blanco Mesaverde and Lindith Gallup Dakota pools and was placed on production 3-4-90.

RECEIVED

APR 13 1990

OIL CON. DIV.]

LDIST. 3

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

SIGNED William W. Baker

TITLE Administrative Supervisor

(This space for Federal or State office use)

ACCEPTED FOR RECORD - 90

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APR 13 1990

DATE

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY



LTR



Job separation sheet

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 #65</i>
2. NAME OF OPERATOR <i>Canaco Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Juquila 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 better &</i> <i>2080' FSL and 2290' FEL</i>	8. FARM, OR LEASE NAME <i>Juquila 22</i>
14. PERMIT NO. <i>30-039-20227</i>	9. WELL NO. <i>12 A</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>Blanco Mesa</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 15, 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <i>Placed back on prod.</i>	
(Other) <input type="checkbox"/>			

(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 12-3-89.

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

SIGNED *Wapine Simpson*

TITLE *Administrative Supervisor*

DATE *6-2-89*

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE *6-2-89*

FARMINGTON RESOURCE AREA

BY *SC/4*

*See Instructions on Reverse Side