

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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>920' FNL and 790' FWL</i>		8. FARM OR LEASE NAME <i>"Apache" J</i>	
14. PERMIT NO. <i>30-039-20439</i>		9. WELL NO. <i>23</i>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT <i>Blanco Mesquite</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 8, T-25N, R-5W</i>	
		12. COUNTY OR PARISH <i>Rio Arriba</i>	
		13. STATE <i>N.M.</i>	

18. 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) ☐

PLUG 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.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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 5-23-89.*

RECEIVED

JUN 11 1990

OIL CON. DIV.  
DIST. 3

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

SIGNED *Margie Simpson*

TITLE *Admin. Supervisor*

(This space for Federal or State office use)

DATE *5-25-89*  
ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *MAY 30 1990*

FARMINGTON RESOURCE AREA

BY *[Signature]*

\*See Instructions on Reverse Side

151343

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

09-09-9300A

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Budget Bureau No. 1004-0135  
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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"/>	2. NAME OF OPERATOR <i>Conoco Inc.</i>	3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>Contract 147</i>
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>920' FNL and 790' FWL</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla Apache</i>	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME <i>Chd Apache "J"</i>
14. PERMIT NO. <i>30-039-20439</i>	15. ELEVATIONS (Show whether OF, RT, GR, etc.)	9. WELL NO. <i>23</i>	10. FIELD AND POOL, OR WILDCAT <i>Blanco Mesquite</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 8, T-25N, R-5W</i>	12. COUNTY OR PARISH <i>Doña Ana</i>
		13. STATE <i>N.M.</i>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <i>Return to production</i>	

(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 and 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.)\*

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RECEIVED  
JUN 1 1990  
OR CON. DIV.  
DIST. 3

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

SIGNED *Marjorie Simpson*

TITLE *Adm. Supervisor*

DATE *5-25-89*

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE *NIMOOD*

DATE *MAY 30 1990*

FARMINGTON RESOURCE AREA

BY *MA*

\*See Instructions on Reverse Side