

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 GAS WELL OTHER

2. NAME OF OPERATOR Conoco 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 D
920' FNL and 790' FWL

5. LEASE DESIGNATION AND SERIAL NO. Contract 147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Old Apache "J"

9. WELL NO. 23

10. FIELD AND POOL, OR WILDCAT Blanco Mesquite

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-25N, R-5W

12. COUNTY OR PARISH Rio Arriba 13. STATE N.M.

14. PERMIT NO. 30-039-20439 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

18. 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) <u>Return to production</u> <input checked="" type="checkbox"/> | |

(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 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

I hereby certify that the foregoing is true and correct
SIGNED Margie Simpson for Admin Supervisor TITLE
DATE 5-25-89
ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE MAY 30 1990
CONDITIONS OF APPROVAL, IF ANY: _____
FARMINGTON RESOURCE AREA
BY [Signature]

*See Instructions on Reverse Side

10 13 33 01
11

11 13 33 01
11

ACCEPTED FOR

11 13 33 01

11 13 33 01

11 13 33 01

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At surface
unit letter D
920' FNL and 790' FWL

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30-039-20439

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Contract 147

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Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
W.D. Apache "J"

9. WELL NO.
23

10. FIELD AND POOL, OR WILDCAT
Blanco Mesquite

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T-25N, R-5W

12. COUNTY OR PARISH | 13. STATE
Doña Ana | N.M.

18. 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>Returns to production</i> <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

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RECEIVED
JUNE 1 1989
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct
SIGNED *Marjorie Simpson* TITLE *Adviser Supervisor* DATE *5-25-89*
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE *NIMOOD* DATE *MAY 30 1990*
CONDITIONS OF APPROVAL, IF ANY: _____
FARMINGTON RESOURCE AREA
BY *[Signature]*

*See Instructions on Reverse Side