

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☐	RECEIVED
2. NAME OF OPERATOR CONOCO INC.	JUN 10 1985
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 830' FNL & 670' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. Contract No. 65	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Jicarilla 22	
9. WELL NO. 6	
10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup-Dakota	
11. SEC., T., R., M., OR S.W. AND SURVEY OR AREA Sec 22-25N-4W	
12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) 'squeeze csg. leak

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. WELLS BEING DRILLED 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.)*

MIRU. Locate csg leak between 3413'-3508'. Set RBP @ 3550' & pkr @ 3216'. Pump 50 sxs class "H" thixotropic cmt w/ 3% CaCl₂. Rel RBP & pkr. Work performed on 6/6/85. Verbal approval obtained on 6/5/85 by Earl Becher.

RECEIVED
JUN 13 1985
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

TITLE Administrative Supervisor

(space for Federal or State office use)

APPROVED BY

TITLE

(INDICATE APPROVAL, IF ANY)

APPROVED

DATE 6/6/85

JUN 11 1985

DATE

for AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC