

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0175
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. 6090000650 Cont 65	
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240		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 990' FNL & 990' FEL		8. FARM OR LEASE NAME Jicarilla 22	
14. PERMIT NO. 30-039-20447		9. WELL NO. #7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7134' GL		10. FIELD AND POOL, OR WILDCAT Lindrith Gallup Dakota, WST	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T25N, R4W	
		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:		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 checked="" 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) <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.)*

We respectfully request permission to dually complete this well from a downhole commingled Gallup/Dakota single to a Gallup/Dakota - Mesaverde dual completion with the Mesaverde producing up the annulus above a packer. This procedure consists of perforating the following upper and lower Point Lookout intervals:

5698'-5714'
5738'-5744'
5798'-5804'
5808'-5812'
5518'-5824'
5826'-5840'

Then, sand fracturing and testing these intervals. The primary cement job performed on this well covers the Mesaverde behind the 4½" casing. Therefore, squeeze work should not be required.

RECEIVED

JUL 20 1989

OIL CON. DIV.
DIST. 3

For further technical information please contact Rick Toothman at 397-5871.

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE June 28, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 18 1989

Rick Toothman
AREA MANAGER

*See Instructions on Reverse Side