Form 3 160-5

## **UNITED STATES**

DEPARTM BUREAU O	ENT OF THE INTERIOR RECEIVED BLIVE BLIVE	Budget Bureau No. 1004-0135 Expires: March 31,1993  5. Lease Designation and Seriai No.	
SUNDRY NOTICE  Do not use this form for proposals to a  Use "APPLICATION F	S AND REPORTS ON WELL§ 9 MAR 30 AM 9: drill or to deepen or reentry to a different reservoir. FOR PERMIT—" for such proposals LBUQUERQUE A	Contract 41	
SUBM	IT IN TRIPLICA TE	7. If Unit or CA, Agreement Designation	
1. Type of Well Oil Gas Well Other  2. Name of Operator CONOCO INC		8. Well Name and No.	
CONOCO INC.	Jicarilla 30 #5		
3. Address and Telephone No.  10 DESTA DR. STE. 100W, MIDLAN	30-039-20460  10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage. Sec., T. R. M. or Survey Description) Section 32, T-25-N, R-4-W, B 800' FNL & 1850' FEL		Lindrith Gallup-Dakota, West	
EN CHECK APPROPRIATE BOX	((s) TO INDICATE NATURE OF NOTICE, REPOR	Rio Arriba, NM T, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent  Subsequent Repon  Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Temp. shut-in	Change of Plans New Construction Non-Routine Fracrunng Water Shut-Off Conversion to Injection Dispose Water Note: Reponresults of multiplecompition on Wall	
Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true vertical composes to temporarily shut to the compose of the	ail pertinent details, and give pertinent dates, including estimated date of starting a tical depths for all markers and zones pertinent to this work.)*  this well in pending further evaluation.	Completion or Recompletion Report and Log form.)  my proposed work. If well is directionally drilled,	

APR 1 2 1989 OM COM. DIVE

Signed July Maddle	Title	Kay Maddox		March 20, 1000
(This space for Federai or State office use)		Regulatory Agent	Date_	March 29, 1999
Approved Patricia MILO	Tiele	Lands and Mineral Resources		1/ / 1966
Conditions of approval if any:  LM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE R	- ille -	-5-200	Date	4-6-1999
LM(6), NMOCD(1), SHEAR, PONCA, COST ASST. FILE R	OOM	3		