

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals	
SUBMIT IN TRIPLICATE	
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 079296
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 00 AUG 23 AM 11:00
3. ADDRESS AND TELEPHONE NO. P.O. Box 2197, DU 3066, Houston, TX 77252-2197 (281) 293-1613	7. IF UNIFORM OR AGREEMENT DESIGNATION FEDERAL
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 1190' FSL & 1190' FEL, Section 23, T26N, R06W, Unit Letter "P"	8. WELL NAME AND NO. #11E
9. API WELL NO. 30-039-22255	
10. FIELD AND POOL, OR EXPLORATORY AREA BASIN DAKOTA/BLANCO MESA VERDE	
11. COUNTY OR PARISH, STATE RIO ARRIBA COUNTY	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other: Downhole Co-Mingle <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	
13. 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.) 2/3/98 Road rig to location, roads rough and muddy. Shut down for night. 2/4/98 Rig up pulling unit, spot equipment. Blow well down. Kill well 40 bbls KCL. NDWH. NUBOP, off set spool. POOH with 155 joints of 1-1/2" tubing. Lay down. Short string. ND off set spools. Latch on to longstring PU release Baker Model R packer POOH with 20 joints of 2-1/16" tubing. Shut down for night. 2/5/98 Casing pressure 500#. Blow well down. Kill well 40 bbls KCL. POOH with 200 joints 2-1/16" tubing. 10 blast joints. One Baker Model R Packer. Total tubing pulled 230 joints. Total tally 7199'. RIH with bit and scraper for 5-1/2" tubing to 7251' all perfs open, no fill. POOH with 60 stands. Shut down for night. 2/6/98 Casing pressure 600#. Blow well down. Kill well 20 bbls KCL. POOH with tubing, bit and scraper. RIH with sawtooth collar, SN and 224 joints 2-3/8" tubing. Land well at 7075'. NDBOP NUWH SWI. Shut down for night. 2/9/98 Casing pressure 640#. Tubing pressure 450# open tubing, well flowed to pit. Casing pressure down to 380#, recovered 25 bbls. Well flowing strong. SWI. Shut down for night. 2/10/98 Casing 650#, tubing 450#. Turn well back on production. Well flowing. Rig down pulling unit, move off.	
14. I hereby certify that the foregoing is true and correct	
SIGNED <u>Debra Sittner</u> (This space for Federal or State office use)	TITLE <u>DEBRA SITTNER, As Agent for Conoco Inc.</u> DATE <u>8/17/00</u>
APPROVED BY _____ Conditions of approval, if any:	TITLE _____ DATE _____
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	

\* See Instruction on Reverse Side

NMOC

ACCEPTED FOR RECORD  
SEP 08 2000

FARMINGTON FIELD OFFICE  
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