UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**



FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

LEASE DESIGNATION AND SERIAL NO.

	Br./,	NM03560
SUNDRY NOTICES AND REPORTS ON WELLS		6.\ IF INDIAN, ALLOTTEE OR TRIBE NAME
Do not use this form for proposals to drill or to deepen or reentry to different reservoir.		
Use "APPLICATION FOR PERMIT-" for such proposals SUBMIT IN TRIPLICATE Use this form for proposals to drill or to deepen or reentry to additional reservoir. Use "APPLICATION FOR PERMIT-" for such proposals SUBMIT IN TRIPLICATE IF UNIT OR CA, AGREEMENT DESIGNATION		
SUBMIT IN TRIPLICATE 070 PATTING ENTIRE IF UNIT OR CA, AGREEMENT DESIGNATION		
	a a E I W B	U SAN JUAN 28-7
1. TYPE OF WELL	1 1998	8. WELL NAME AND NO.
OIL WELL GAS WELL OTHER		
2. NAME OF OPERATOR	III ONINO D	WELL NO.
CONOCO INC. 3. ADDRESS AND TELEPHONE NO.	onit Como	30-039-25881
10 Desta Drive, Suite. 100W Midland, Texas	s 79705-4500 (915) 686-5424	10. FIELD AND POOL, OR EXPLORATORY AREA BLANCO MV/BASIN DAKOTA
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)		11. COUNTY OR PARISH, STATE
830' FSL & 870' FEL, UNIT LETTER 'P', SEC.30, T27N-R7W		RIO ARRIBA COUNTY, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
	Other: SPUD RPT.	Dispose Water
	<u> </u>	(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.)		
12-02-98 Spudded well @ 5:30 am.	ENTERED	
	ENTERED AFMSS DEC 0 4 1998	
	DEG () = 10	
	BY	
14. I hereby certify that the foregoing is true and correct		
\bigwedge , \bigcap		
SIGNED NEW YORK DATE 12-02-98		
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
Conditions of approval, if any:		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 Unites States any false,		
fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		

* See Instruction on Reverse Side

DEG 04 1998

FARMINGTON DISTRICT OFFICE
BY

NMOCD