

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

|  |                |
|--|----------------|
| FORM APPROVED<br>Budget Bureau No. 1004-0135<br>Expires March 31, 1993 |                |
| 5. Lease Designation and Serial No.                                    | SF 078433      |
| 6. If Indian, Allottee or Tribe Name                                   |                |
| 7. If Unit or CA, Agreement Designation                                |                |
| 8. Well Name and No.   | Newsom #8      |
| 9. API Well No.  | 30-045-05689   |
| 10. Field and Pool, or Exploratory Area                                | Fruitland Coal |
| 11. County or Parish, State  | San Juan, NM   |

**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<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |  |
| 2. Name of Operator<br>CONOCO INC.   |  |
| 3. Address and Telephone No.<br>10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424                                   |  |
| 4. Location of Well (Footage, Sec., T. R. M. or Survey Description)<br>Section 29, T-26-N, R-8-W, G<br>1650' FNL & 1650' FEL     |  |

|  |   |  |
|--|---|--|
| 13. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |   |  |
| TYPE OF SUBMISSION   | TYPE OF ACTION                                    |  |
| <input checked="" type="checkbox"/> Notice of Intent                             | <input type="checkbox"/> Abandonment              | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Repon  | <input type="checkbox"/> Recompletion             | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice                                | <input type="checkbox"/> Plugging Back            | <input type="checkbox"/> Non-Routine Fracuring   |
|  | <input checked="" type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Altering Casing          | <input type="checkbox"/> Conversion to Injection |
|  | <input type="checkbox"/> Other                    | <input type="checkbox"/> Dispose Water           |

(Note: Repon result 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.)\*

A casing leak has been determined from 463'-1193'. This will be repaired using the following procedure:

1. Set BP @ 1225', set trting pkr @ 1050'
2. Squeeze @ 1193' w/ 25 sxs cmt
3. Reset trting pkr @ 350'
4. Squeeze @ 463' w/25 sxs cmt
5. Release, DO, Tst csg

Verbal approval was obtained

RECEIVED  
SEP 16 1998  
OIL CON. DIV.  
(DIST. 6)

RECEIVED  
SEP 16 PM 12:21  
OIL CON. DIV.

|   |                             |            |                   |
|---|-----------------------------|------------|-------------------|
| 14. I hereby certify that the foregoing is true and correct |                             | Kay Maddox |                   |
| Signed  | <i>Kay Maddox</i>           | Title      | Regulatory Agent  |
| (This space for Federal or State office use)                |                             | Date       | September 8, 1998 |
| Approved by   | <i>/s/ Duane W. Spencer</i> | Title      |                   |
| Conditions of approval if any                               |                             | Date       | SEP 15 1998       |

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

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

NMOCD