Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

_SF_ ~~082078390A~~

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

CA# 7940004430

1. Type of Well

☐ Oil Well   ☒ Gas Well   ☐ Other

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE 100W, MIDLAND, TX. 79705   (915) 686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SURFACE: 790' FSL & 600' FWL, SEC. 12, T 28N, R 08W, UNIT LTR 'M'
TD:

8. Well Name and No.

PRICE #1

9. API Well No.

30-045-20172

10. Field and Pool, or Exploratory Area

BASIN DAKOTA

11. County or Parish, State

SAN JUAN, 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
	☐ Recompletion	☐ New Construction
☒ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other	☐ Dispose Water
	CHANGE API #	(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.)*

DUE TO THE STATE OF NEW MEXICO ONGARD SYSTEM THE API # FOR THE ABOVE LISTED WELL
HAS BEEN CORRECTED AS FOLLOWS:

OLD API #:   30-045-12113

NEW API #:   30-045-20172

RECEIVED
DEC 1 9 1994
OIL CON. DIV.
DIST. 3

BLM WELL FILE DJS BRK

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

Signed _[signature]_   Title   BILL R. KEATHLY
SR. REGULATORY SPECIALIST   Date   12-13-94

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

DEC 1 6 1994

FARMINGTON DISTRICT OFFICE

*See Instruction on Reverse Side