	.meriv 9-331)	DEPARTMENT OF BUREAU OF LAND	THE INTER	COCHET IN TRIP	OD PE 5. LEAS	mires August 31.	1085	
-	SUNI	ORY NOTICES AND	REPORTS	ON WELLS	6. IF U	078415	TRIBE NAM	
;.	OIL GAS THEE					7. UNIT AGREEMENT NAME		
2.	COMOCO TNC	JAMES C FICE	( )		8. FARM	OR LEASE HAME		
ã.	ADDRESS OF OPERATOR			·	ROELOFS A			
		3817 NW Expressway, Oklahoma City, OK 73112						
4.	LOCATION OF WELL (Re	port location clearly and in ac	cordance with any	State reentment		4		
	At surface					10. FIELD AND POOL, OR WILDCAT		
	1120' FNL & 890' FEL NE NE				D	- San Juan		
					- 80	SABA OS TEST	MD CIM	
14.	PERMIT NO.				Sec	. 9 <b>,129N-</b> R8	W	
	30-045-27835	15. ELEVATIONS (Show whether Dr. RT. GR. etc.) 6392 GR			12. COUN	TY OR PARISH 13.	STATE	
16.				·			MM	
10.		rt. or Other Date						
	Check Appropriate Box To Indicate Nature of Notice, Report, or					OURN' REPORT OF:		
	TEST WATER SHUT-OFF	PULL OR ALTER O	ASING			r of:		
	FRACTURE TREAT	MULTIPLE COMPI	ETE	WATER SHUT-OFF FRACTURE TREATMEN	_	REPAIRING WELL		
	SHOOT OR ACIDIZE	ABANDON*		SECOTING OF ACIDIZ	i <del></del>	ALTERING CASING	<u>  </u>	
	REPAIR WELL	CHANGE PLANS		(Other)		VETHOON WELL.		
~ 17	(Other)	OMPLETED OPERATIONS (Clearly ed) is directionally drilled, give				completion on We		
	Ran 79 joints	8 5/8", 24#, K-55 Feturns to surface  5 5 1/2", 17#, K-55  245 sxs Class G and	5 & set @ 33 1 2nd Stage	2921 Stage coll	ar at 2260' No cement			
S) (7	DEPENDENT ON DITIONS OF APPRO	ndson r State office use)	TITLE Supe	rvisor-Regulator	ACCEPTED F	July 25, FOR RECORE 7 1990		
	•	*Se	e Instructions of	n Reverse Side E	FARMINGTON R	ESOURCE AREA	_	

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.

	rm 3160-5 *-amber 1983) meriy 9 331  DEPARTMENT OF THE BUREAU OF LAND MA	HE INTERIOR (Other instructions on re-	Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO				
	SUNDRY NOTICES AND R  (Do not use this form for proposals to drill or to d  Use "APPLICATION FOR PERMI	REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
<u>:.</u>	OIL GAS V	an ur ag a <b>h 8: 52</b>	7. UNIT AGREEMENT NAME				
2.	NAME OF OPERATOR		8. PARM OR LIEASE NAME				
	CONOCO INC.	THE STATE OF MEANING AREA	ROFLOFS A				
3.	3817 NW Expressway, Oklahoma City	• OV 73112	9. WELL NO.				
4.	LOCATION OF WELL (Report location clearly and in accor-	10. FIELD AND POOL, OR WILDCAT					
	See also space 17 below.) At surface	San Juan					
	1120' FNL & 890' FEL NE NE		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARRA				
			Sec. 9, <b>T29N-R8</b> W				
14.	i i	Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE				
	30-045-27835   6392	2' GR	San Juan NM				
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data						
	NOTICE OF INTENTION TO:	ENT REPORT OF:					
	FRACTURE TREAT - MULTIPLE COMPLETE SHOOT OR ACIDIZE X ABANDON*  REPAIR WELL X CHANGE PLANS	PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Squeeze &					
 17.	(Other)  (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any						
	nent to this work.)	ED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any control of well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and somes pertinent).  Received Verbal Approval for rush remedial cement squeeze from BLM					
	7-27-90: Remedial cement squeeze	e procedure - performed as fol	lows on 7-26-90:				
	Perfed 4 squeeze holes Class B $w/2\%$ CaCl <sub>2</sub> and to 1000 psi and held.						
	Perfed 4 squeeze holes Squeezed w/70 sxs C1. F	ive coal interval).					
	After drilling out and from 2942' to 3027' wil						
	<u> </u>	for 30 days, we will perforate and circulate cement to surface					
			Anss 0 1880				
			DIST. 3				
18.	I hereby certify that the foregoing is true and correct	TITLE Supervisor-Regulatory	DATE July 27, 1990 °				
_	SIGNED DOGSON	TITLE Supervisor-Regulatory					
	(This source for Federal or State office use)		·				
	APPROVED BY	TITLE	- RPPROVED				
			AUG 0 7 1990				

\*See Instructions on Reverse Side

AREA MANASPIER