Form 3 160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

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 TRIPLICA TE

98 MAR 30 PM 1: 54
070 FARMINGTON, NM

5. Lease Designation and Serial No.
SF- 078104

6. If Indian, Allonee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well ☐ Oil Well ☒ Gas Well ☐ Other	8. Well Name and No. Ludwick LS # 18M
2. Name of Operator CONOCO INC.	9. API Well No.
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424	10. Field and Pool, or Exploratory Area Blanco Mesaverde/Basin Dakota
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Section 6, T-29-N R-10-W, F • 1450 FNL & 1505 FWL	11. County or Parish, State San Juan, NM

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 Fracrunng
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Downhole Commingle	☐ Dispose Water

(Note: Repon results of multiple compilation on W'dl 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.)*
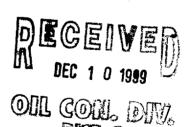
It is proposed to downhole commingle the Mesaverde & Dakota in this well

RECEIVED
DEC 1 0 1999
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct Signed _Kay Maddox_	Kay Maddox Title Regulatory Agent	Date March 26, 1998
(This space for Federal or State office use)		
Approved by _____ Conditions of approval if any	Title _____	Date 12/8/99

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

*See Instruction on Reverse Side