

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No 1004-0135
Expires March 31, 1993

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 0546
2. Name of Operator CONOCO INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424	7. If Unit or C.A. Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Section 13, T-30-N, R-13-W, P 1190' FSL & 790' FEL	8. Well Name and No. Maddox WN Federal #1E
	9. API Well No. 30-045-26616
	10. Field and Pool, or Exploratory Area Basin Dakota (71599)
	11. County or Parish, State San Juan County, NM

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 type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Install Pumping Unit	<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 pumping unit will be installed on this well June 12, 1998. This well should be producing by the end of June.

RECEIVED
JUN 24 1998
OIL CON. DIV.
DIST. 3

RECEIVED
JUN 15 PM 12:34
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct		
Signed <u>Kay Maddox</u>	Title <u>Kay Maddox Regulatory Agent</u>	Date <u>June 11, 1998</u>
(This space for Federal or State office use)		
Approved by <u>/S/ Duane W. Spencer</u>	Title _____	Date <u>JUN 19 1998</u>
Conditions of approval if any _____		

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

NMCD