Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS		Expires: March 3 1 ,1993
		5. Lease Designation and Seriai No.
		SF 078840
	r to deepen or reentry to a different reservoir.	6. If Indian, Allonee or Tribe Name
Use "APPLICATION FOR F	PERMIT—" for such proposals	
SUBMIT IN TRIPLICA TE		7. If Unit or CA, Agreement Designation
I. Type of Well Oil Gas Well Other		
Weil Other 2. Name of Operator		8. Well Name and No.
Conoco Inc		San Juan 28-7 Unit, Well # 113M 9. API Well No.
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424		30-039-25886 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T. R. M. or Survey Description)		Basin Dakota/Blanco MV
965' FSL & 1725' FEL, Sec. 18, T 27N, R 7W, Unit Ltr 'O'		11. County or Parish, State
		Rio Arriba, NM
Th CHECK APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
Ν.	Recompletion	New Construction
Subsequent Repon	Plugging Back	Non-Routine Fracrunng
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other Top of Cement	Dispose Water
		Note: Reponresuitsof multiplecompitiononWdl Completion or Recompletion Report and Log form.)
As requested the Top of Cement in the 4 1/2" casis and the EE No. 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		EB 1 9 1663 E
14. I hereby certify ther the foregoing is true and correct Signed (This space for Federai or State office use) Approved by Conditions of approval if any: BLM(6), SHEAR, PONCA, COST ASST, FILE ROOM	Bill R. Keathly Title Sr. Regulatory Specialist ACC	
Title 18 U.S.C. Section 1001, makes it a crime for any person know or representations as to any matter within its junsdiction.	vingly and willfully to make to any department or agency of the United	States any false, fictitious or fraudulent statements

*See Instruction on Reverse Side

BY_____