5. LEASE

NM-024136-A

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME	
eservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	
1. oil X gas other	Conley Federal	
	9. WELL NO.	
2. NAME OF OPERATOR	1	
Gene Milford	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Cato San Andres	
P.O. Box 755, Hobbs, NM 88241	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.) AT SURFACE: 1980' FSL & 660' FEL'Sec 28	Sec. 28, T8S, R30E	
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE NM	
AT TOTAL DEPTH:	14. API NO.	
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4158.6	
EST WATER SHUT-OFF		
RACTURE TREAT		
SHOOT OR ACIDIZE		
REPAIR WELL	(NOTE: Report results of multiple completion or zone	
PULL OR ALTER CASING [ ]	change on Form 9-330,)	
MULTIPLE COMPLETE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [		
ABANDON*		
other) To report leak		

17. 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.)\*

Subject well was shut in during the latter part of December 1984 and most of January 1985 due to excessive cold weather resulting in lines freezing and malfunction of water knock-out on gun barrel. During this time a leak occurred in bottom of tank. When spill was discovered area was covered in snow. It is estimated that approximately 20 barrels of produced fluid was lost of which 40% was water.

Leak has been repaired and spill has been covered.

Subsurface Safety Valve: Manu. and Type	·	Ft.
18. I hereby certify that the foregoing is to	true and correct	3/1/85
APPROVED BY	(This space for Federal or State office use)  ACCEPTED FOR RECORD  THE PETER W. CHESTERATE	A STATE OF THE STA
	MAR 8 1985	And the second of the second o
	*See Instructions on Reverse Side BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	

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