	Budget Bureau No. 1004-0135
November 1983)  DEPARTMENT OF THE INTERIOR (Other instruction)	Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
Formerly 9–331)  DEPARTME. OF THE INTERIOR (Other Instruction of the Interior of th	LC - 02 9509 (A)
NSW MENER	A TE INDIAN ALLOGRAPH OR MALER 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 reservois Use "APPLICATION FOR PERMIT—" for such proposals.)	· · · · · · · · · · · · · · · · · · ·
	7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER	9 300 00 10 00 00
CONOCO INC.	8. FARM OF LEASE NAME
ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 460, Hobbs, NM 88240	14
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface	Maliamar Abo / Baish Wolfd
810' FNL + 500' FWL Unit D	SURVEY OR AREA
	Sec. 22-175-328
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
30-025-30363 4006 GL	Lea NM
6. Check Appropriate Box To Indicate Nature of Notice, Repo	ort, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT	; <del></del> !
SHOOT OB ACIDIZE  ABANDON*  SHOOTING OR ACIDIZ  REPAIR WELL  CHANGE PLANS  (Other) Set	production casing
(Note: Repor	t results of multiple completion on Well Recompletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent proposed work. If well is directionally drilled, give subsurface locations and measured and trunent to this work.) •	nt dates, including estimated date of starting any
Ran 48 its. of 7", 26#, L-80 (LT+C); 95	its. of 7", 23#, 2-80
(LT+C); and 93 its. of 7", 26#, K-55 (LT+	c) production casing
and set @ 10,000'. Cemented as follows:	
1stage: 625 SXS Class H	
and Stage: 1075 SXS Class H	
Cement returns: 56 sxs. (20 bbls)	And
Cement returns, 06 3x3.	
	RE
	CEIVE
	1VE
18. I hereby certify that the foregoing is true and correct	8/20/52
SIGNED D.F. Finney TITLE Adm. Supervisor (This space for Federal or State office use)	DATE 0/47/88
	DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	WALKE TO THE REAL PROPERTY OF THE PARTY OF T

\*See Instructions on Reverse Side

SJS