

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

Budget Bureau No. 1004-01-
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Conoco Inc.	3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, NM 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 810' FNL + 500' FWL Unit D	5. LEASE DESIGNATION AND SERIAL NO. LC-029509(A)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Baish A	9. WELL NO. 14	10. FIELD AND POOL, OR WILDCAT Maljamar Aba/Baish Water	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-17S-32E	12. COUNTY OR PARISH Lea	13. STATE Nm
14. PERMIT NO. 30-025-30363	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4006' GL											

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☒ Spud + set surface casing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Spud well on 7/13/88. Ran 21 jts. of 13-3/8" 48 #4 61#, 41-404 J-55 surface casing + set @ 858'. Cemented w/ 560 SXS Class "C". Circulate to surface.

18. I hereby certify that the foregoing is true and correct

SIGNED D.F. Finney TITLE Adm. Supervisor DATE 8-2-88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE SEPT 1 1988 DATE 8-2-88
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS

RECEIVED
AUG 3 10 53 AM '88
CARTER
AREA