

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N.M. Oil Co. Division  
P.O. Box 1980  
Hobbs, NM 88246

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>NMLC069420       |
| 2. Name of Operator<br>LOUIS FULTON dba CFM OIL COMPANY                                                                          | 6. If Indian, Allottee or Tribe Name                    |
| 3. Address and Telephone No.<br>P.O. BOX 1176 ARTESIA, N.M. 88211-1176 (505) 746-4787                                            | 7. If Unit or C.A. Agreement Designation                |
| 4. Location of Well (Footage, Sec., T, R, M, or Survey Description)<br>M 6 18S 33E 990 SOUTH 990 WEST                            | 8. Well Name and No.<br>CONOCO FEDERAL #2               |
|                                                                                                                                  | 9. API Well No.<br>30-025-01585                         |
|                                                                                                                                  | 10. Field and Pool, or Exploratory Area<br>CORBIN QUEEN |
|                                                                                                                                  | 11. County or Parish, State<br>LEA COUNTY               |

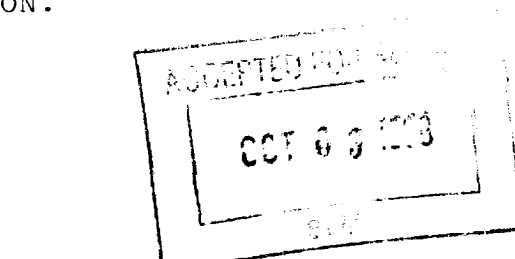
**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                                          |
|-------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                                    |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                                   |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                                  |
|                                                       | <input type="checkbox"/> Casing Repair                                  |
|                                                       | <input type="checkbox"/> Altering Casing                                |
|                                                       | <input checked="" type="checkbox"/> Other <u>Returned to production</u> |
|                                                       | <input type="checkbox"/> Change of Plans                                |
|                                                       | <input type="checkbox"/> New Construction                               |
|                                                       | <input type="checkbox"/> Non-Routine Fracturing                         |
|                                                       | <input type="checkbox"/> Water Shut-Off                                 |
|                                                       | <input type="checkbox"/> Conversion to Injection                        |
|                                                       | <input type="checkbox"/> Dispose Water                                  |

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

14. 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)\*

9-9-98 REPAIRED ELECTRICAL LINE, REPAIRED FLOW LINE AND RETURNED TO PRODUCTION.



(ORIG. SGD.) GARY GOURLE

RECEIVED  
1998 SEP 15 P 2:58  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO

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

Signed Louis Fulton

Title OPERATOR

Date 9-10-98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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 statement or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side