

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-9017</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u>	8. FARM OR LEASE NAME <u>Buffalo Federal</u>
	9. WELL NO. <u>1</u>
	10. FIELD AND POOL, OR WILDCAT <u>East Shugart Delaware</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 18-185-32E</u>
14. PERMIT NO. <u>30-025-29985</u>	12. COUNTY OR PARISH <u>Lea</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>1650' FSL &amp; 330' FWL</u>	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>set prod. csq</u>	(Other) <input checked="" type="checkbox"/>
(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.)

Ran 154 jts of 5 1/2", 14#, K-55 prod. csq<sup>06519</sup> Cemented 1<sup>st</sup> stage w/875  
SXS of Class "H" and circ. 178 SXS to surface. Cemented 2<sup>nd</sup> stage  
w/1900 SXS class "C" and circ. 134 SXS to surface. WOC.

RECEIVED  
OCT 6 11 31 AM '87  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.

SJS

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

SIGNED [Signature] OF FINNEY TITLE Administrative Supervisor DATE 10-7-87

This space for internal or State office use:

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See instructions on Reverse Side