Form 3160-5 (June 1990)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		FCRM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.	
			LC 031620B	
SUNDRY NOTICES AND REPORTS ON WELLS			6. If Indian, Allottee or Tribe Name	
-	proposals to drill or to deepen or re	•		
Use APPLICAT	ION FOR PERMIT for such pro		7. If Unit or CA, Agreement Designation	
1. Type of Weil				
X Oil Gas Well	INJECTION Other		8. Well Name and No.	
2 Name of Operator			SKAGGS B WELL # 8	
CONOCO INC. 3 Address and Telephone No.	······	9. API Well No.		
	W, MIDLAND, TX. 79705 (915) 686	30-025-29254		
4. Location of Well (Footage, Sec., 1		10. Field and Pool, or Exploratory Area		
SURFACE: 990' FNL & 3 TD: Same	30' FWL, SEC. 12, T 20S, R 37E, U	SKAGGS DRINKARD		
TD. Same		LEA, NM		
12 CHECK APPROPR	RATE BOX(s) TO INDICATE N	TURE OF NOTICE, REPORT	. OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Inten		Abandonment	Change of Plans	x <sup>1</sup>
A-2		X Recompletion	New Construction	N.
X Subsequent Re	eport ,	Plugging Back	Non-Routine Fracturing	1.1
		Casing Repair	Water Shut-Off	3   1
Final Abandonment Notice		Altering Casing	Conversion to Injection	- v
		Other	Dispose Water	
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
10-24-95 GIH w/ RBP- continued in 10-25-95 Finish POH v Test casing t 10-26-95 RUWL. Perfo Spearheaded 16/30 ottowa	i hole to 6650'. Start POH. w/mill. GIH w/ RBP & packer. Set RBP to 4800#. prate Tubb w/ 2spf from 6342' - 6502'.	5004'. POOH w/tubing and RBP-pac at 6596'. Circulate clean. Spot 4 bb 90 holes. RDWL. RU Frac Equip. S I with 809 bbls. pre-pad, pad, 100 m 20 bbls. w/ 50,160# RCS. Flush w/		
			635	
14 Thereby certify that the foregoing Signed Hurt ( (This space or Federal or State o	Ann E. R utchico Title REGUL	itchie ATORY AGENT	Dat∍ <u>12-15-95</u>	
Approved by Conditions of approval, if any	Title		Date .	
Title 18 U S C Section 1001, makes in statements or representations as to an		o make to any department or agency of the L truction on Reverse Side	Inited States any false, fictitious or fraudulent	
DIST BLM(5) NMOCD(1)				

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