			1. 11. 13			Form approved. Budget Bureau No. 1004-0135		
orm 3160-5 U. [ED STATES SUBMIT IN TR					CATE			
(November 1983) Formerly 9-331)	DEPARTMENT OF THE INTERIOR verse aide)				5.	5. LEASE DESIGNATION AND SERIAL NO.		
	BURE	BUREAU OF LAND MANAGEMENT				LC-031740(b)		
SUI (Do not use th	NORY NO	TICES AND	REPORTS C		oir.	IF INDIAN, ALLOTTEE OR TRIBE NAME		
1.	USE APPL	ICATION FOR TELL			7.	UNIT AGREEMENT NAME		
OIL GAS GAS OTHER						NM (= U		
CONOCO INC.						Meyer B-17		
P. O. Box 460, Hobbs, N.M. 88240						2		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface						INICE MONUMENT GISA SEC., T., B., M., OR BLE. AND BURYST OR ARMA		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, QR, etc.)						C. 17-215-36E		
30-025-04	1694	i				-ea NIV		
18.		Appropriate Box	To Indicate N	ature of Notice, Rej	port, or Othe	er Data		
	NOTICE OF IN	TENTION TO:		1	Burrrunt	REPORT OF:		
TEST WATER SHUT	-077	PULL OR ALTER CA	SING	WATER SHUT-OFF		REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLE	TE	FRACTURE TREATS	MENT	ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACI	DIZING	ABANDONMENT*		
REPAIR WELL		CHANGE PLANS		(Other)	ort results of	multiple completion on Well		
(Other) Spetr	ack from 37	160'-3950'	V	Completion	or Recompletio	n Report and Log form.)		
proposed work. nent to this work	If well is dire _) •	ectionally drilled, give	subsuriace local	ions and measured and	true verment o	luding estimated date of starting any epths for all markers and sones perti-		
UMIRU, pur DRun bit	pose of .	sidetrack: p of junk@	resent oper 3796'	hole is plugge	ed w/lost	pkrs é tbg		
3 Set CIBF procedure	° @ 3770	Press. tes	st csg to	1000 psi for	30 mm.	If test fails, a squeeze		
4 If test h	olds, Sp	now. Potalo'cm	it plug on	top of CIBP.	Set who	pstock between csg collar		
3/39 =	3767							
5) Set whip	stock o	in top of c	mt plug @	3760'. Mill to	hru. csq	t, release rig to		
(c) Drill new	hole fro	om 3760' to	3950'.	Circ. hole	Clean	(·		
7) In assoc	iation w	71th Eun K	ce Monun	nent South A	tgreemen	to release rig to		
Cheuron.	•					Ŭ		
Office								
		/						
18. I hereby certify th	at the foregoin	ng is true and/correc	et					
SICNED	7-1	1000		Administrative Supervisor		DATE		
(This space for F	ederal or State	office use)				DATE 5-7.56		
APPROVED BY	APPROVAL	IF ANY:	TITLE			DATE		

HORRS CHICK