Form 3160-5 (June 1990) Do not use this	DEPARTMEN BUREAU OF I		ry to a different reser	5. Lee Ni 6. If I	Budget B Expire ase Design M-079	RM APPROV Jureau No. 10 25: March 31 nation and Se 1540 Ilottee or Tril	004-0135 1, 1993 erial No.	
SUBMIT IN TRIPLICATE 1. Type of Well Dil Gas Well Well Other 2. Name of Operator					 If Unit or CA, Agreement Designation Well Name and No. CONOCO Federal #1 API Well No. 			
P.O. Box 1932, Midland, Texas 79702 (915) 683-7211 4 Location of Well (Footage, Sec., T., R., M., or Survey Description)					10. Field and Pool, or Exploratory Area DK (Drinkard)			
1980' FSL 8	X 330' FWL, Sec. 29,	T-20-S, R-39-E, I		NM II. Co Lea	a Cou	Parish, State	M	
	OF SUBMISSION		TYPE OF AC					
[X] Nrd Sub	tice of Intent sequent Report al Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other			Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note Report results of multiple completion on Well Completion or Recompletion Report and Log form)			
 Set a (Cut casin casi Pump 4 	lugging procedure fo CIBP at 6,900'. Cir sing above TOC and p ing to 50' above 5 1 5 sx plug @ 3,000' (0 sx @ 1,722' - 1,62	culate mud and sp oull approximately /2" casing stub (base of salt).	ot 10 sx of cemen 4,900' of 5 1/2 30 sx plug) WOC a	nt on top " casing. and tag (of (Spo if ne	ot ceme	ry). 7 R	ÂS
5. Pump 1	0 sx @ surface & cut	coff wellhead and	weld on plate.		AU OF LAND HONT	96. HJ ZE ZI	CEIVED	
· · · · ·	at the foregoing is true and correct	Title <u>VP</u>			Date	7/1/96	5	
(This space for Pe Approved by Conditions of spp	deral or Starf office use) (ORIG. SGD.) ARMANDO A. LO roval, if any: CONDITIC				Date	8/22	2/96	
	n 1001, makes it a crime for any perso o any matter within its jurisdiction.	n knowingly and willfully to make t	to any department or agency of the	he United States a	ny false,	fictitious or (fraudulent state	ment

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