

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIP
(Other instructions
verse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Farney A-5
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit A	10. FIELD AND POOL, OR WILDCAT Talmat Yates Gas
14. PERMIT NO. 660' ENL & 660' FEL 30-025-09264	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5-T235-R36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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>temporary Abandon</u> <input checked="" type="checkbox"/>	
(Other) <input 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.) *

MIRU on 8/21/85. set CIBP @ 3200', Press. test CSG 500psi. Held OK. Rig down on 8/26/85.

APPROVED FOR 12 MONTH PERIOD
ENDING 10/4/86

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

SIGNED <u>Ken L. Ugg</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9-25-85</u>
(This space for Federal or State office use)		
APPROVED BY <u>Ken L. Ugg</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>10-7-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

CONFIDENTIAL
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

RECEIVED
OCT - 8 1985
O.C.D.
HOBBS OFFICE