

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

Expiry Date: 1004-0100
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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR 10 Deste Drive West Midland, TX 79705
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit D 660' FWL & 660' FWL
14. PERMIT NO. 30-025-9325 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3439' GL

5. LEASE DESIGNATION AND SERIAL NO. LC-030556B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Stevens B
8. FARM OR LEASE NAME
9. WELL NO. #3
10. FIELD AND POOL, OR WILDCAT Longfellow 7 Runs Que
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 12-23S-36E
12. COUNTY OR PARISH Lee 13. STATE DM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

We propose to P/A this well according to the attached procedures.

RECEIVED
JUN 19 11 29 AM '90
CATTLE
AREA

For further information call Candy Frausto 915-686-6540
18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE ADMINISTRATIVE SUPRV. DATE 6-15-90
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE [Signature] DATE 6-21-90
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ARCO (1) AMOCO (1) CHEVRON (1) F46

RECEIVED

JUN 27 1990

110
ADDS OFFICE