

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP.  
(Other instructions  
reverse side)

E\*  
re

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030557(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface Unit F

1980' FNL & 1980' FWL

14. PERMIT NO.  
30-025-10782

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Farney A-17

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat Yates 7 Rurs Queen

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 17, T23S, R36E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Temporary Abandon

(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 8/14/85. Pumped 75 bbls hot wtr. Set CIBP @ 3550'. Press.  
test csg to 500 psi for 15 min. Rig down on 8/15/85.

APPROVED FOR 12 MONTH PERIOD

ENDING 10/7/86

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

SIGNED

*Kevin L. Vogel*

TITLE Administrative Supervisor

DATE

9-25-85

(This space for Federal or State office use)

APPROVED BY

*Kevin L. Vogel*

TITLE

DATE

10-7-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side