

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Farney A-17
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 E	10. FIELD AND POOL, OR WILDCAT Jalmat Yates 7 Rurs Queen
14. PERMIT NO. 30-025-10783	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T235-R36E
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 1650' FNL & 990' FWL	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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Temporary Abandon	<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 8/19/85. Set CIBP @ 3500'. Press. test CSG to 500psi.  
Rig down on 9/20/85.

APPROVED FOR 12 MONTH PERIOD

ENDING 10/1/86

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

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

\*See Instructions on Reverse Side