			Form approved.	
Form 3160-5 (November 1983)	UN. ZD STATES	SUBMIT IN TRIPL TE.		
(Formerly 9-331)	UN LD STATES DEPARTMENT OF THELIMIT	ERIOR (Other Instructions on re-	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.	
•	BUREAU OF LAND MANAGEM	A Principal Control of the Control o	46-065880	
CITA	IDRY NOTICES AND REPORT		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	s form for proposals to drill or to deepen or p Use "APPLICATION FOR PERMIT" for st	uch proposals,)		
1. OIL GAS			7. UNIT AGREEMENT NAME	
WELL WELL	OTHER	,	north El man	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATO	co sinc.		north El Mar line	
	BN. 4/2 1/0, 0.000	4.	9. WELL NO.	
4. LOCATION OF WELL	Bof 460, Holly n.m. 882. Report location clearly and in accordance with	7 U I any State requirements ♥	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface				
Unit m			11. SEC, T. E. M., OR BLK, AND	
,	SURVEY OR AREA			
330 JSL	4 330' JWL		Sec. 19 - 265 - 33 E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE	
30-025-08	421 US420		Lea Nm	
16.	Check Appropriate Box To Indica	te Nature of Notice Page C	Other Deta	
	MINT REPORT OF:			
TEST WATER SHUT-C	NOTICE OF INTENTION TO:		7	
FRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF	REPAIRING WELL	
SHOOT OR ACIDIZE	ABANDON®	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING	
REPAIR WELL	CHANGE PLANS	(Other) Semporary	abandonment*	
(Other)		NOTE Report results	of multiple completion on Well etion Report and Log form.)	
1. Msl.Ru at 463	. POOH W/rods 4 pn 0'. Qual Cs. to 610 p	p. TFF at 4710'. * psi-lic per fluid.	Pan CIBP, Set Liz down.	
	·	APPROVED FOR $\frac{12}{3}$ MONTH FINDING $\frac{3}{12}$	PERIOD	
SIGNED ATT	ral of State office use)	Edministratuie Superinson		
CONDITIONS OF AP	PROVAL, IF ANY:		AGCEPTED FOR RECORD	
			MAR 1 5 1987	

*See Instructions on Reverse Side

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals of the proposals) of the proposals	(Formerly 9–331) DEPARTMEN I O	STATES SUBMIT IN T F THE INTERIOR VERSE BIDE)	Form approved. Budget Bureau No. Expires August 31, 5. LEASE DESIGNATION AND	, 1985 D SERIAL NO.
OTHER OFFICE OF STATE 2. NAME OF OPERATOR CONOCO INC. 3. ADDERSO OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 4. POLITION OF WELL (Report location charly and in accordance with any State requirements.* See also agace 17 below.) 10. Field And POOL, or willings. If PRINT NO. 330' FSL § 330' FWL 13. EDITATION'S (Show whether Dr. RT. OR. etc.) 14. FERNIT NO. 15. COUNT OF PARENT 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Internation of Parent Notice of Internation of Parent PRACTIBLE TREAT SHOOT OR ACTIONS. 15. BUTTATIONS (Show whether Dr. RT. OR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Internation of Parent Notice of Internation of Parent PRACTIBLE TREAT SHOOT OR ACTIONS. 16. CHANGE PLANE Other) PRACTIBLE TREAT SHOOT OR ACTIONS. 17. DESCRIPTION TO: WATER SHOOTOR ACTIONS. 18. PRANTING TREAT SHOOT OR ACTIONS. 19. PRACTIBLE TREATMENT DESCRIPTION OF THE PROPORTY ADMINISTRY OF THE PROPORTY ACCOUNTS. PROPORTY ACTIONS. 19. PRACTIBLE TREATMENT DESCRIPTION OF THE PROPORTY ACCOUNTS. PROPORTY OF THE PROPORTY ACCOUNTS. PROPORTY OF THE PROPORTY ACCOUNTS. PROPORTY OF THE PROPORTY OF THE PROPORTY ACCOUNTS. PROPORTY OF THE PROPORTY OF THE PROPORTY ACCOUNTS. PROPORTY OF THE PROP	(Do not use this form for proposals to drill of Use "APPLICATION FOR I	ID REPORTS ON WELLS or to deepen or plug back to a different rea PERMIT—" for such proposals.)	8. IF INDIAN, ALLOTTEE OF	
3. ADDRESS OF OPERATOR P. O. BOX 460, Hobbs, N.M. 88240 4. Decretion of well. Treport location clearly and in accordance with any State requirement. 4. Decretion of well. Treport location clearly and in accordance with any State requirement. 330' FSL \$ 330' FWL 330' FSL \$ 330' FWL 30 - 025 - 08421 15. ELEVATIONS (Show whether Pr. N. OR. 66.) 30 - 025 - 08421 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERION TO: 16. WATER BUILT-OFF PRACTURE TREAT 81000 OR ACCIDIE 17. DENVELOR PHILADER OCHAPOE PHANE (CHANGE PHANE CHANGE PHANE CHANGE PHANE (CHANGE PHANE CHANGE PHANE CHANGE PHANE (Other) PRODUCT OF WATER SHIPT-OFF PRACTURE TREAT SHOOT OR ACCIDIE BEFAIR WELL (Other) PRACTURE TREAT SHOOT OR RECOMPRISED SHOOT OR ACCIDIE BEFAIR WELL (Other) PRACTURE TREAT SHOOT OR ACCIDIE BEFAIR WELL ABANDOON SHOOT RECOMPRISED ABANDOON SHOOT OR ACCIDIE BEFAIR WELL (Other) PRACTURE TREAT SHOOT OR ACCIDIE BEFAIR WELL ABANDOON SHOOT RECOMPRISED SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT RECOMPRISED SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT OR ACCIDIENT ABANDOON SHOOT RECOMPRISED SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT SHOOT OR ACCIDIENT SHOOT SHOOT OR RECOMPRISED SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT SHOOT OR ACCIDIENT ABANDOON SHOOT SHOOT OR ACCIDIENT SHAPIL NO. BEFAIR WELL SHAPIC OR SHAPIC OR	OIL GAB WELL OTHER		7. UNIT AGREEMENT NAME NORTH F.	' War
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement.) 4. LOCATION OF WELL (Report location) clearly and in accordance with any State requirement.) 5. LOCATION OF WELL (Report location) clearly and in accordance with any State requirement.) 6. LOCATION OF WELL (Report location) 6. LOCATION OF WELL (Report location) 6. LOCATION OF WELL (Report location) 7. LOCATION OF WELL (Report location) 7. LOCATION OF WELL (Report location) 8. LOCATION OF Report results of meltiples well location of			8. FARM OR LEASE NAME	41 /1
AT SUFFECT OF THE PROPERTY OF	P. O. Box 460, Hobbs	, N.M. 68240	9. WELL NO.	Mar U
330' FSL & 330' FWL 30 -025-08421 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Invention to: TEST WATER SHOT-OFF PRACTURE TREATMENT SHOOT OR ACIDIZE SHORT OF CHARGE PLANS (Other) 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INVENTION TO: TEST WATER SHOT-OFF PRACTURE TREATMENT SHOOT OR ACIDIZE SHORT OF REPORT OF SHORT OFF TREATMENT SHOOT OR ACIDIZE SHORT IN REPORT OF SHORT OFF PRACTURE TREATMENT SHOOT OR ACIDIZE SHORT OF REPORT OF SHORT O		accordance with any State requirements.	El Mor De	elawore
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TEST WATER SHUT-OFF PRACTIBE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		7 1 1	Lea	NM
TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE SHOO	NOTICE OF INTENTION TO	iox to Indicate Nature of Notice, R	Report, or Other Data	
REPAIR WELL (Other) Temporary abandon (Other) (Other) Temporary abandon (Other) (Other) (Other) Temporary abandon (Other)	TEST WATER SHUT-OFF PULL OR ALTER	PUETE SHUT-OF	FF REPAIRING WELL	
D MIRU. POOH w/ production equip. Make bit scraper run to per D61H w/c1BP & pkr to ± 4650'. Set C1BP@ ± 4650'. To C1BP to 1000 psi. Test backside to 600 psi. S Rel pkr & POOH. Circ. hole full of 10.0 ppg brine. Rig dou	REPAIR WELL CHANGE PLANS (Other) temporary abance	SHOOTING OR AC (Other) (Note: Re Completion	ABANDONMENT* deport results of multiple completion on W	ell
DEC 18 1986	DMIKU. POOH w/ product DGIH w/CIBP & pkr 7 CIBP to 1000 psi, Test BRel pkr & POOH. CIrc	ction equip. Make ito ± 4650' . Set t backside to 600 c. hole full of 10	6.t : scraper run to CIBP@ ± 4650'. D.D.ppg brine, Rig	perfs. Test down.
DEC 18 1986			SI OF LAND	
L December contacts that the following to			DECLERA	and pro-
1. I hereby certify that the tologology to	- /)		1986	i
the the structure of the and correct	3. I hereby certify that the toegoing is true and corre-	ct	Samuel Company	
SIGNED 1 FINARY TITLE Administrative Supervisor DATE 12-17-86 (This space for Feffers or State office use)	SIGNED from Francis DI FINIKY		DATE 12-17-8	76
APPROVED BY TITLE DATE 12-18-84	APPROVED BY	TITLE	DATE 12-1880	

*See Instructions on Reverse Side