

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COM. 1004-0135  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
CONOCO INC.

3. Address and Telephone No.  
10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SURFACE: 1650' FNL & 1650' FWL, SEC. 18, T 23S, R 37E, UNIT LTR 'F'  
TD:

Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC 030556B

6. If Indian, Aliottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
STEVENS B #15

9. API Well No.  
30-025-10792

10. Field and Pool, or Exploratory Area  
Jalmit Tansill Yates 7 Rvrs

11. County or Parish, State  
LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

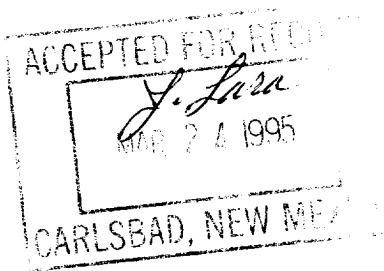
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other PUT ON PUMP	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

12-30-94 MIRU. POOH W/ PROD. TBG. GIH W/ PUMP, RODS & TBG, SET @ 5827.

1-3-95 RDMO. RETURN WELL TO PRODUCTION AS A PUMPING WELL.



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

Signed Bill R. Keethly Title SR. REGULATORY SPECIALIST Date 3-6-95  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

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