

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <u>Lynn B-1</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>10 Dosta Drive West Midland Tx 79705</u>	9. WELL NO. <u>#13</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface <u>Unit I 1980' FSL & 660' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Jalmar Yates Gas</u>
14. PERMIT NO. <u>30-025-21228</u>	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26-23S-36E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3350' G2</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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* ☐

(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
JAN 19 11 23 AM '90

For further information call Candy Fraust 915-686-6540

18. I hereby certify that the foregoing is true and correct	SIGNED <u>[Signature]</u>	TITLE <u>ADMINISTRATIVE SUPRV.</u>	DATE <u>6/15/90</u>
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

ARCO (1) AMOCO (1) Chevron (1) File

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JUN 27 1990

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