

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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verse side)

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OR RE

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.)

RECEIVED L.C.-030467A

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <i>Conoco Inc.</i>	3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit letter D</i> <i>660' FNL and 560' FWL</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-030467A</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME <i>Vaughan A-12</i>	9. WELL NO. <i>2</i>	10. FIELD AND POOL, OR WILDCAT <i>Langlie Mattie 7-Rose Q.</i>	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 12, T-24S, R-36E</i>	12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>N.M.</i>
14. PERMIT NO. <i>30-025-25586</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)											

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <i>Change of Operator</i>	

(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.)*

This is to inform you that the referenced well has been sold to:

*V. H. Westbrook
P.O. Box 2264
Hobbs, New Mexico 88240*

As of 1-1-89 Conoco Inc. will no longer operate this well.

ACCEPTED FOR RECORD

CD MAR 7 1989

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

SIGNED *Anthony D. Finney*

TITLE *Administrative Supervisor* DATE *1-17-89*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAR 8 1949

OLD
HOBBS 2-11-49