

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Bureau Order No. 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 Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 660' ^E FNL, SEC. 12, T-24S, R-36E, UNIT LTR 'A'

5. Lease Designation and Serial No.
LC 030467B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
VAUGHAN B 1 # 8

9. API Well No.
30-025-25587

10. Field and Pool, or Exploratory Area

LANGLIE MATTIX 7 RVRS 6

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 type="checkbox"/> Other TO CORRECT API #	<input type="checkbox"/> Dispose Water

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

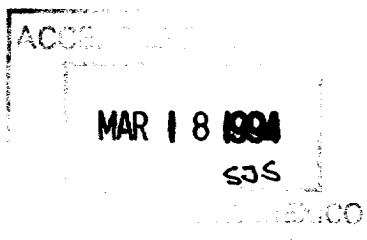
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

DUE TO THE STATE OF NEW MEXICO NEW ONGARD SYSTEM VERIFICATION THE API # FOR THE ABOVE LISTED WELL NEEDS TO BE CHANGED.

OLD API # 30-025-24487

NEW API # 30-025-25587

PLEASE NOTIFY CONOCO AS TO THE EFFECTIVE DATE FOR THIS CHANGE.



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

Signed [Signature]

Title SR. REGULATORY SPEC

Date 11-23-93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____