

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NM60-3160-4

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3. AREA CODE & PHONE NO.	
2. NAME OF OPERATOR Topat Oil Corporation		8. FARM OR LEASE NAME Conoco Federal	
3. ADDRESS OF OPERATOR 505 N Big Spring St St. 204 Midland, TX 79701-8602		9. WELL NO. #1	
4. LOCATION OF WELL. Report location clearly and in accordance with any State requirements.* (See also space 17 below.) At surface 1650 FWL, 660 FNL of sec <i>unit C</i>		10. FIELD AND POOL, OR WILDCAT East Mason(Delaware)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sec 29, T26S, R32E		12. COUNTY OR PARISH Lea	
13. STATE NM		14. PERMIT NO. 30-025-31664	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3150 GL		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL 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 type="checkbox"/>		

(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.) *

8/15/92 spudded well

8/19/92 set 1092' 8 5/8" 24#, K-55 csg. cmted with 140 sx lt and 100 sx cl C with 2% CaCl. circ 50 sx to the pit. Blm was notified but did not appear.

8/29/92 cmted 4315' 5 1/2" 15.5# K-55 csg with 800sx lite and 100 sx cl C cmt. cmt top @ 1000' from surface by pump pressure calculations.

8/31/92 moved in cable tool rig and started to drill out

9/4/92 show of oil and gas in Delaware @ 4341 GL, waiting on completion unit



Ad

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

SIGNED James Smith TITLE operator rep

DATE 9/3/92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
SEP 18 1992
OCD HOMB: OFFICE