

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on 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 ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conaco Inc.</i>		8. FARM OR LEASE NAME <i>Ascarate C-24</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>		9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit B. 660' FNL + 1980' FEL</i>		10. FIELD AND POOL, OR WILDCAT <i>Jalmat Yates Gas</i>
14. PERMIT NO. <i>30-025-09793</i>		11. SEC., T., R., OR BLK. AND SURVEY OR AREA <i>Sec. 24, T-25S, R-36E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3109' DF</i>		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>N.M.</i>

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) ☐

PLUG 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.)

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

*Lewis B. Burleson Inc.
P.O. Box 2479
Midland, Texas 79702*

Effective September 1, 1986, Conaco Inc. will no longer operate this well.

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

SIGNED *[Signature]*

TITLE *Administrative Supervisor*

DATE *9-10-86*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

[Signature]

SEP 24 1986

*See Instructions on Reverse Side