

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well - Water</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-7486</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit Letter I</i>  <i>2310' FSL + 330' FEL</i>	8. FARM OR LEASE NAME <i>Jack A-29</i>
14. PERMIT NO. <i>30-025-11277</i>	9. WELL NO. <i>2</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3274' DF</i>	10. FIELD AND POOL, OR WILDCAT <i>Langhe Mattie 7-Row Queen</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 29, T-24S, R37E</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) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☒ *Change of Operator*

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 was sold effective 12-1-86 to the following:*

*Santa Fe Exploration Company  
P.O. Box 1136  
Roswell, New Mexico 88202-1136*

*Conoco Inc. will no longer operate this well.*

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

SIGNED

*[Signature]*

TITLE

*Administrative Supervisor*

DATE

*1-16-87*

(This space for Federal or State office use)

APPROVED BY

*Orig: Sgd. Charles S. [Signature]*

TITLE

DATE

*1-23-87*

CONDITIONS OF APPROVAL, IF ANY:

*Area Manager*

\*See Instructions on Reverse Side

**RECEIVED**  
**JAN 29 1987**  
**OCD**  
**HOBBS OFFICE**