

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBBS, NEW MEXICO 88240

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>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>Jack A-29</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>3</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 H</i> <i>1970' FNL + 330' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Langley Mattie 7-Row Queen</i>
14. PERMIT NO. <i>30-025-11278</i>	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>3269' DF</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 29, T-24S, R-37E</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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) *Change of Operator* ☒
(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)

Original: Charles S. Linton

APPROVED BY

TITLE

DATE

1-23-87

CONDITIONS OF APPROVAL

*See Instructions on Reverse Side

RECEIVED
JAN 29 1987
OCD
HOBBS OFFICE