

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>Jack B-29</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 Letter P</i> <i>990' FSL &amp; 330' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Langley Matty 7-Pore Queen</i>
14. PERMIT NO. <i>30-025-11280</i>	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <i>Sec 29, T-24S, R-37E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3258' 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) ☐

PULL 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 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. Dutton*

TITLE

DATE *1-23-87*

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
JAN 29 1987  
OCD  
HOBBS OFFICE