

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1900
HOOD, NEW MEXICO 88002

SUBMIT IN TRIPPLICATE*
(Other instructions apply to
this form.)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-7486

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jack A-29

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Landier Mattie Flow Queen

11. SEC., T., R., M., OR B.L.K. AND
SURVEY OR AREA

Sec. 29, T-24S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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 ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

Unit Letter J

2250' FSL + 1750' FEL

14. PERMIT NO.

30-025-23779

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3271' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

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 agency use)

APPROVED BY

Area Manager

TITLE

DATE

1-23-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JAN 29 1987
OCD
HOBBS OFFICE