

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU Abo Drinkard

9. WELL NO.

122

10. FIELD AND POOL, OR WILDCAT

E. Skaggs Abo
Skaggs Drinkard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 20-20S-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

N. M. OIL CONS. COMMISSION

2. NAME OF OPERATOR
CONOCO INC.

P. O. BOX 1920
HOBBS, NEW MEXICO 88240

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.)
At surface

1650' FNL & 2310' FWL

14. PERMIT NO.

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

3551.1 GR

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) extend APD app'l.

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 and 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.)

We request the approval for this well be extended for six months beyond the original expiration date on June 19, 1985. The original APD was approved on December 19, 1984.

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

SIGNED

TITLE

Administrative Supervisor

DATE 6/17/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 7-7-85

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

RECEIVED

JUL - 2 1985

HOME