

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 057210

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
~~XXXXXXXXXX~~
CONOCO INC.

3. Address and Telephone No.
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)
Sec 27, T17S, R32E, 2197' FSL & 2255' FWL SHL

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
MCA Unit, Well #387H

9. API Well No.
30 025 35142

10. Field and Pool, or Exploratory Area
Maljamar Grayburg/San Andres

11. County or Parish, State
Lea County, NM

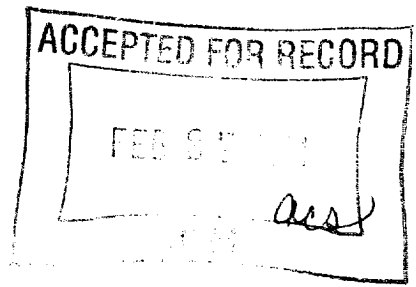
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Correct location
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

The Form 3160-4, "Well Completion or Recompletion Report and Log" filed on 1-20-01 listed an incorrect location at surface and no location at TD/BHL. The Surface location is 2197' FSL & 2255' FWL, Section 27, T17S, R32E. The bottom hole location after cleaning out the hole effective 2-5-01 is 533' FSL & 1247' FEL. We submitted the initial report from Schlumberger Anadrill with the 3160-4 completion filing and will submit the final report, when received, from Schlumberger Anadrill.



14. I hereby certify that the foregoing is true and correct.
Signed [Signature] Title **Ann E. Ritchie** Date **2-13-01**
Regulatory Agent

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval if any:

BLM(6)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

3