

County Lea Pool Warren-Seven Rivers Gas

TOWNSHIP 20 South Range 38 East NMPM

6	5	4	3	2	1	
7	8	9	10	11	12	
18	17	16	15	14	13	
19	20	21	22	23	24	
30	29	28	27	26	25	
31	32	33	34	35	36	

Description: $\frac{SE}{4}$ Sec 28 (R-1111b, 1-7-95)

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

10/23/00 13:06:08
OGOMES -TPIH
PAGE NO: 1

Sec : 29 Twp : 20S Rng : 38E Section Type : NORMAL

D 40.00	C 40.00	B 40.00	A 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A A	A	A A A	A
E 40.00	F 40.00	G 40.00	H 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A A	A A	A A	A

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07 BKWD	PF08 FWD	PF09 PRINT	PF10 SDIV	PF11	PF12

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

10/23/00 13:06:17
OGOMES -TPIE
PAGE NO: 2

Sec : 29 Twp : 20S Rng : 38E Section Type : NORMAL

L 40.00 Federal owned A A	K 40.00 Federal owned A A	J 40.00 Federal owned A	I 40.00 Federal owned A A
M 40.00 Federal owned A	N 40.00 Federal owned A	O 40.00 Federal owned A A	P 40.00 Federal owned

PF01 HELP
PF07 BKWD

PF02
PF08 FWD

PF03 EXIT
PF09 PRINT

PF04 GoTo
PF10 SDIV

PF05
PF11

PF06
PF12

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 031670B

6. If Indian, Allottee or Tribe Name

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

7. If Unit or CA, Agreement Designation

NM NM 71041 G

8. Well Name and No.

SEMU Blinbry #101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinbry Oil & Gas

11. County or Parish, State

Lea, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Conoco Inc

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 688-5580

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

660' FNL & 330' FWL, Sec. 29, T20S, R38E, D

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other

Renew TA Status

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)*

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 12/5/96 and should be on file with your office.

We wish to retain this wellbore while we continue to evaluate uphole potential. This evaluation should be completed within the next 12-18 months.

TH Approved for 12 month period
Ending 1/27/2001

RECEIVED
2000 JAN 25 P 2:24
BUREAU OF LAND MGMT.
HOBBS, NEW MEXICO

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

Signed

Reesa Wilkes

Title

Reesa R. Wilkes

Sr. Staff Regulatory Assistant

Date

01/18/00

(This space for Federal or State office use)

Approved by

CHIEF, SEC. 2. LARA

Title

Patricia R. Wilkes

Date

2/24/2000

Conditions of approval if any:

BLM(6), NMOC(1), SHEAR, PONCA, COST ASST, FILE ROOM, FIELD

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.

*See Instruction on Reverse Side

N.M. Oil Cons. Division

PC 888 1980

1000S, NM 88241

Form 3 160-5
(June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC 031670B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU Blinbry, Well # 101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinbry Oil & Gas

11. County or Parish, State

Lea, NM

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 TRIPLICA TE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CONOCO INC
CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

660' FNL & 330' FWL, Sec. 29, T 20S, R 38E, Unit Ltr. 'D'

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Repon

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other

Renew TA Status

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracrunng

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

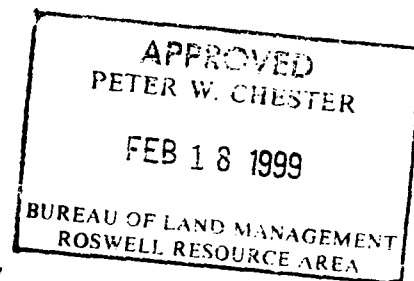
(Note: Repon results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Conoco requests renewal approval of the Temporary Abandon status for the above listed well. A valid MIT was run on 12-5-96 and should be on file with your office.

We desire to retain this wellbore while we evaluate for possible uphole potential. This evaluation should be completed within the next 12 to 18 months.

APPROVED FOR — MONTH PERIOD
ENDING JAN 27 2000



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

Signature

Bill R. Keathly

Title

Bill R. Keathly

Sr. Regulatory Specialist

Date

1-15-99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval if any:

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

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.

*See Instruction on Reverse Side

GW

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

660' FNL & 330' FWL, Sec. 29, T 20S, R 38E, Unit Ltr. 'D'

5. Lease Designation and Serial No.

LC 031670B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

892000321K

8. Well Name and No.

SEMU Blinebry, Well #101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinebry Oil and Gas

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Repon
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Renew TA Status

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracrunng
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water
(Note: Repon results of multiple completion on Wdl
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.)*

Conoco wishes to renew the TA status for the above listed well. A CIT chart was run on 12-5-96 and should be on file in your office

This well is currently being evaluated for possible uphole potential and should be completed within the next 12 months.

APPROVED FOR 12 MONTH PERIOD
ENDING 1/27/99

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

Signature

Bill R. Keathly

Bill R. Keathly

Title

Sr. Regulatory Specialist

Date

1-28-98

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Approved by

Title

PETROLEUM ENGINEER

Date

FEB 02 1998

Conditions of approval if any:

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

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.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.

LC-031695A 031670

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

892000321K

8. Well Name and No.

SEMU Blinebry, #101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinebry Oil and Gas

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Repon
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Renew TA Status
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracruning
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Repon results of multiple completion on Wdl 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.)*

Conoco wishes to renew the TA Status for the above listed well, attached is a CIT chart that was witnessed by Stephen Coffey with the BLM in Hobbs.

This well is to be evaluated for potential Blinebry remedial work during the next 12 to 18 months.

APPROVED FOR 12 MONTH PERIOD
ENDING 1/27/98

RECEIVED
JAN 27 9 45 AM '97

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

Signed

Bill R. Keathly

Title

Bill R. Keathly
Sr. Regulatory Specialist

Date

1-24-97

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) ALEXIS C. SWOBODA

Title

PETROLEUM ENGINEER

Date

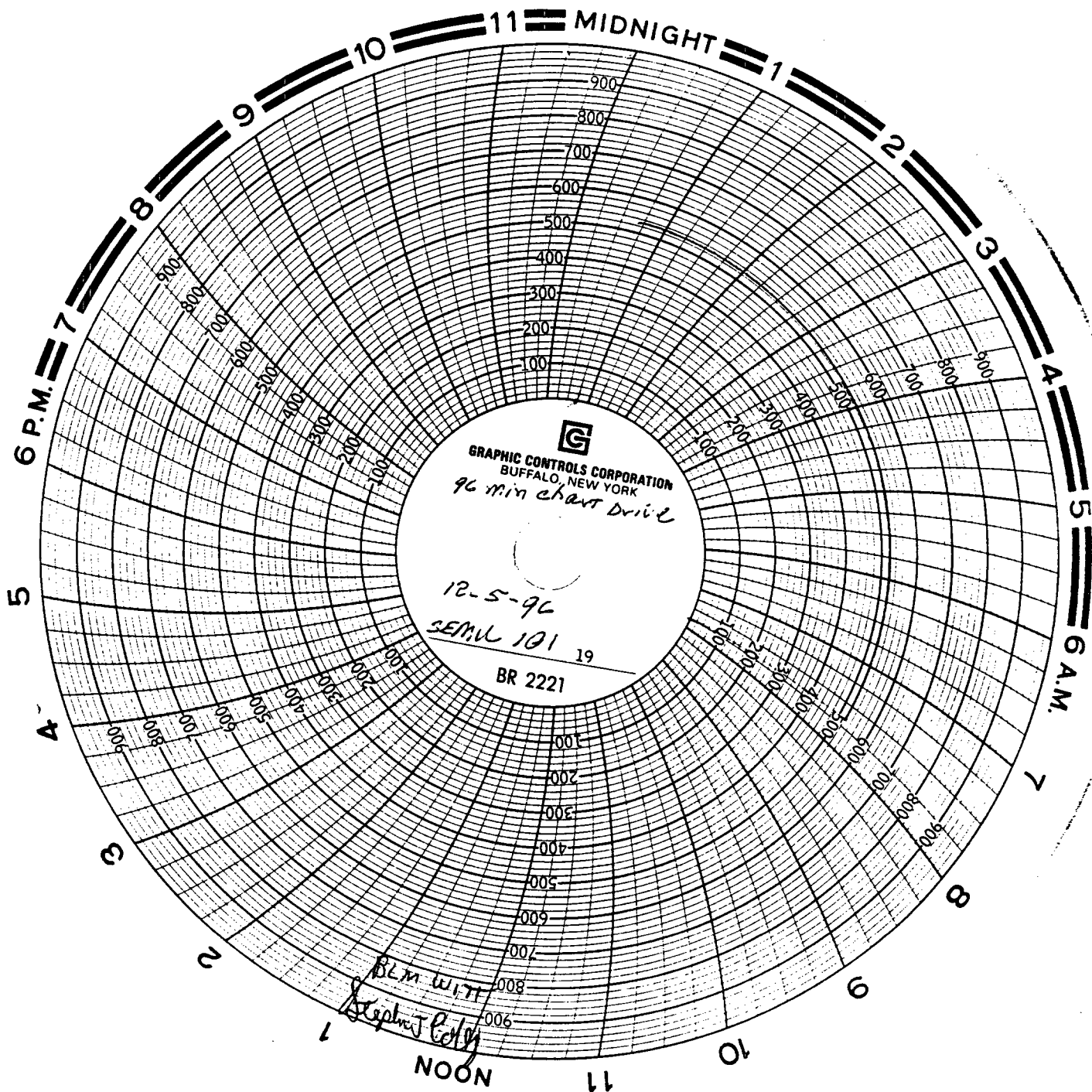
JAN 27 1997

Conditions of approval if any:

BLM(6), NMOCD(1), BRK, PONCA, TDS, FILE ROOM

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.

*See Instruction on Reverse Side



N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

Form 3160-5
(June 1990)

CONSERVATION DIVISION

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Conoco, Inc.

3. Address and Telephone No.

10 Desta Dr. Ste 100W, Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 330' FWL
Sec. 19, T-20S, R-38E

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

LC 031695A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU Blinebry No.101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinebry Oil & Gas

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Casing Integrity

Test

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)

It is proposed to perform a casing integrity test on this well so that it can be temporarily abandoned.

This well will be evaluated for Blinebry remedial work during the next year.

RECEIVED
SEP 12 12 20 PM '96
OIL
AREA

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

Signed

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Approved by

Conditions of approval, if any:

Title

Sr. Conservation Coordinator

Date 9/11/96

Title

PETROLEUM ENGINEER

Date

9/26/96

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

RECEIVED

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

Conoco Inc.

3. Address and Telephone No.

10 Desta Drive STE 100W, Midland, TX 79705 (915) 686-6551

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2180' FSL & 1980' FWL, SEC. ^{330'} 29, ²⁰ T-21S, R-36E, UNIT LTR 'K'
660' FNL

5. Lease Designation and Serial No.

L.C. 031670B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU # 101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

BLINERRY OIL & GAS

11. County or Parish, State

LEA, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other TEMPORARY ABANDON

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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 data, 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.)*

CONOCO REQUESTS AN EXTENSION TO THE CURRENT T&A STATUS FOR THE ABOVE WELL.
THIS WELL WAS LAST APPROVED FOR A T&A IN NOVEMBER OF 1991.
WE COULD NOT FIND A COPY OF PREVIOUS CHART IN OUR FILES.

WE REQUEST APPROVAL PENDING AN EVALUATION OF BEHIND PIPE POTENTIAL STUDY SCHEDULED TO BE COMPLETED BY 1998.

APPROVED FOR 12 MONTH PERIOD
ENDING 10/1/95

RECEIVED
AUG 21 10 50 AM '94

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

Signed

Joe G. Lara

Title

STAFF REGULATORY ASSISTANT

Date 8-22-94

(This space for Federal or State office use)

Approved by (ORIG. SGD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date 10/19/94

Conditions of approval, if any:

UNITED STATES OIL CONSERVATION DIVISION
DEPARTMENT OF THE INTERIOR RECEIVED
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0133
Expires: March 31, 1993

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

CONOCO INC.

3. Address and Telephone No.

10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705 (915) 686-5494

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FNL + 330 FWL, Sect. 29, T20S, R38E, Unit letter D

5. Lease Designation and Serial No.

LC-031695A-031670

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU No. 101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blaineby Oil & Gas

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Lease
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other temporary abandon
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Disposal Water

(Note: Report results of multiple completions 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.)

MIRU. R1H w/ pkr. Lagged CIBP at 6350. Set pkr at 6300. CIBP 500 psi for 30 minutes. Rel pkr. Circ 80 BBL pkr fluid. Set pkr at 5750. Pressure test annulus above pkr at 5750 500 psi for 30 minutes. Rel pkr. R1H w/ 7" cmt ret. Set ret at 5750 + sting out. Circ hole w/ pkr fluid. PTC 500 psi for 30 min - HELD. RP.
Request approval to temporarily abandon.

APPROVED FOR 12 MONTH PERIOD

ENDING 7-7-92

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

Signed Christine L. Neff

Title ADMIN. ASSISTANT

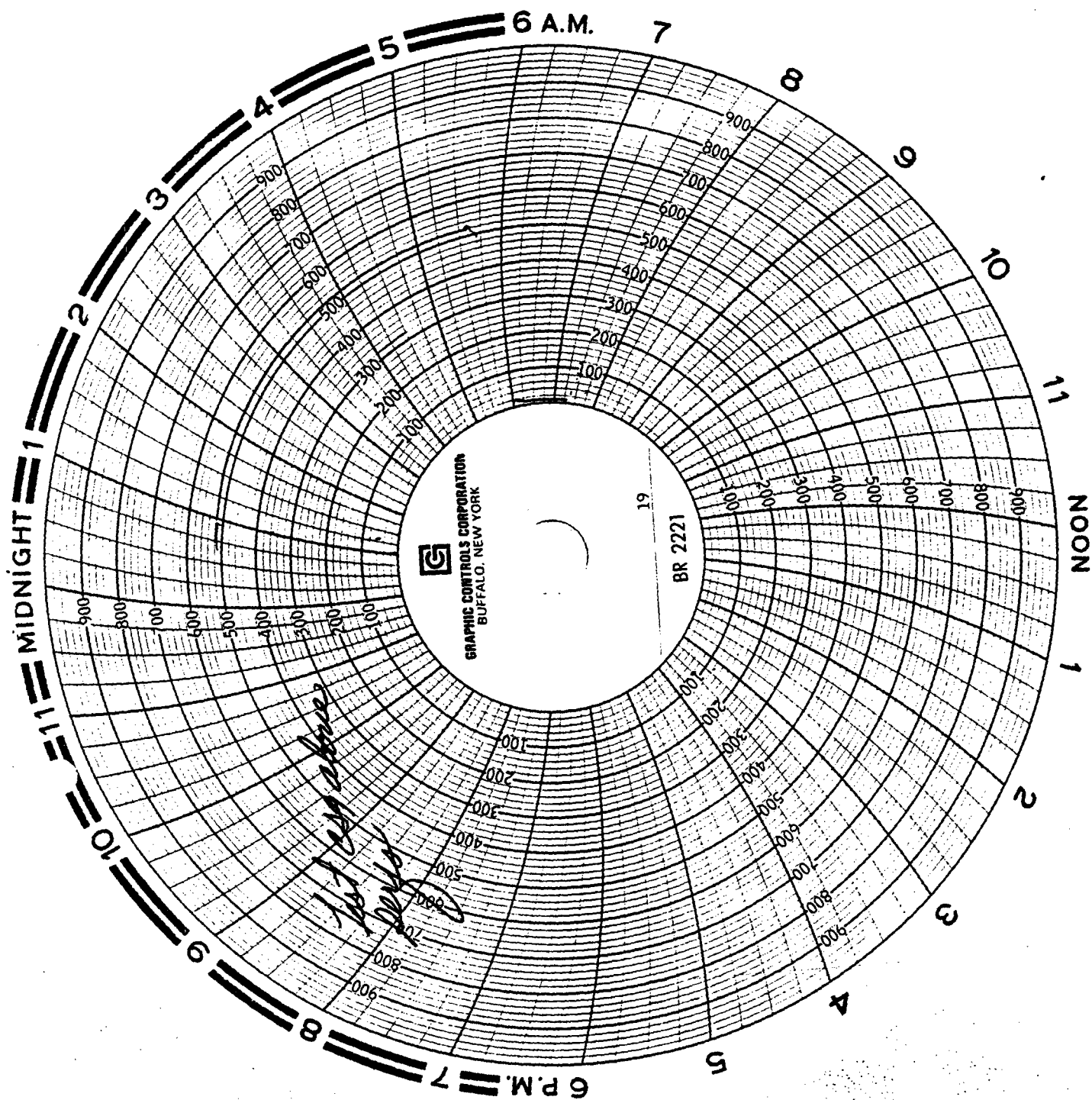
Date 11-25-91

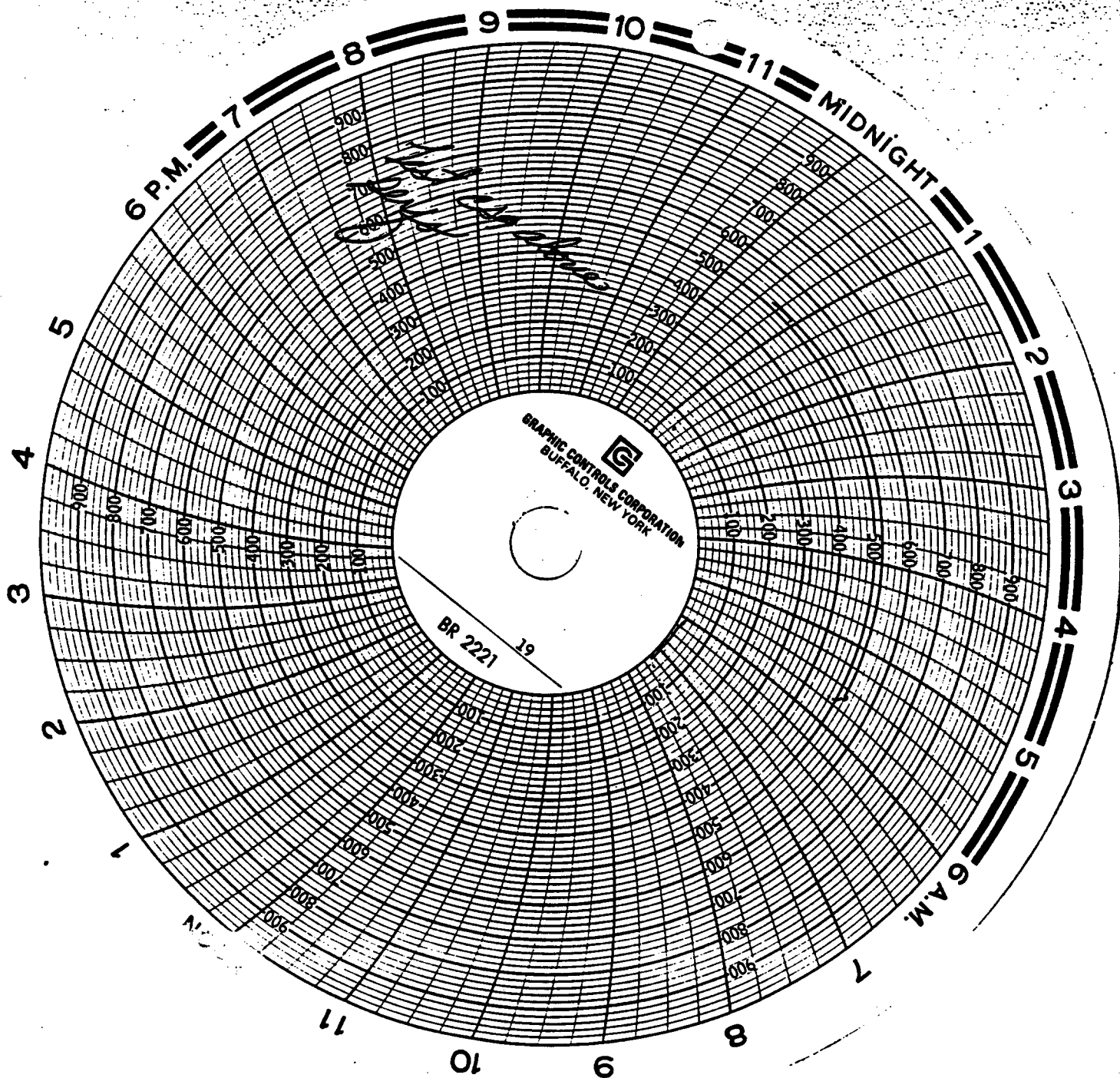
(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title PERMISSION ENGINEER

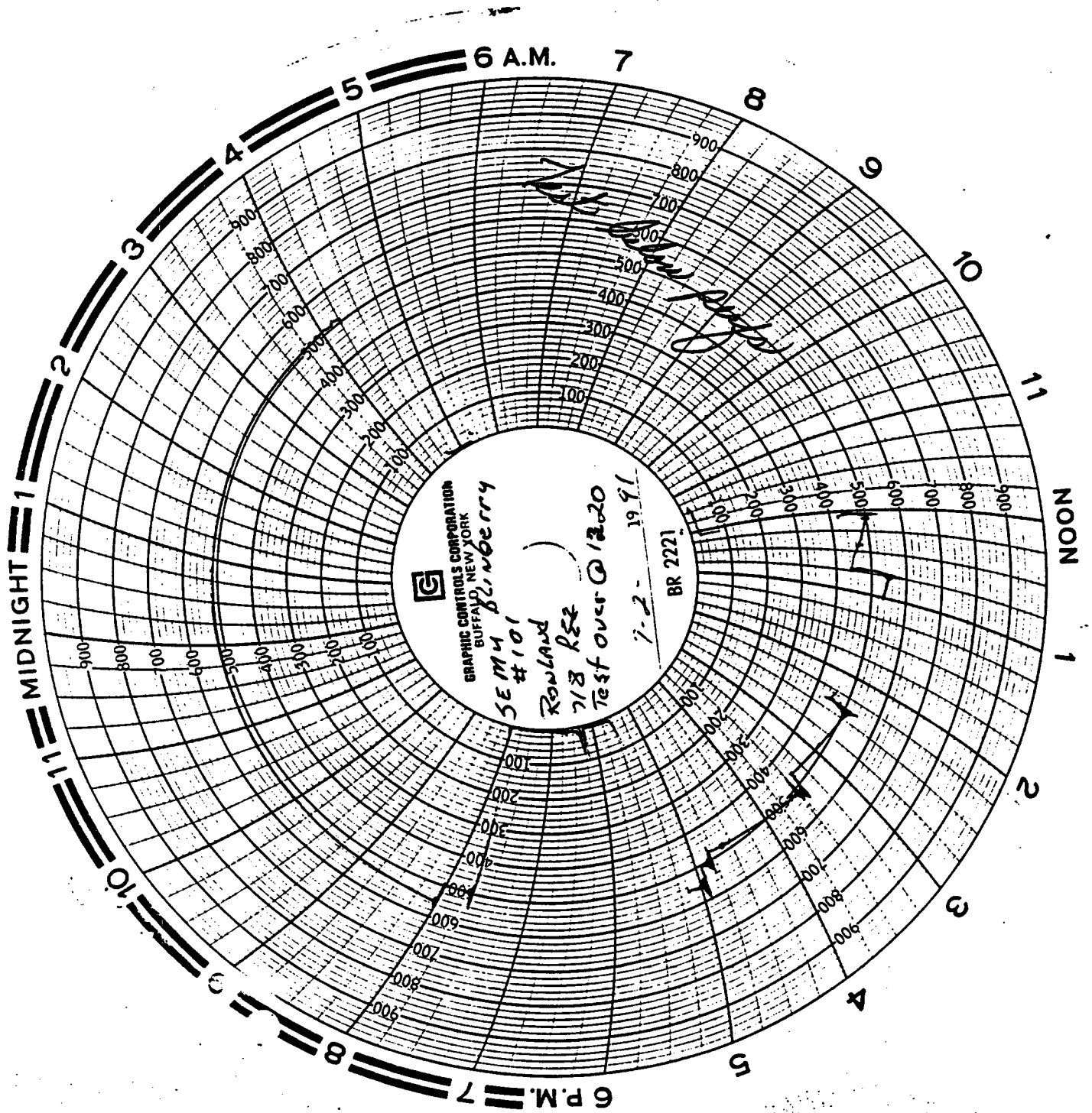
Date 12/20/91





DEC 13 1991

RECEIVED



DEC 23 1991

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIVISION

RECEIVED

'91 JUN 28

FORM APPROVED

Budget Bureau No. 1004-0135
Expires March 31, 1993

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

Conoco, Inc.

3. Address and Telephone No.

10 Desta Dr, Ste 100W, Midland, TX 79705-4500

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

960' FNL & 330' FWL
Sec. 29, T- 20S, R-38E

5. Lease Designation and Serial No.

LC 1031695A

6. If Indian, Allottee or Tribe Name

LC-031670-B

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU No. 101

9. API Well No.

300252618300

10. Field and Pool, or Exploratory Area

Blinberry Oil & Gas Pool

11. County or Parish, State

Lea, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☒ Casing Repair TEST
☐ Altering Casing
☐ Other Temporary Abandonment
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

It is proposed to ~~temporarily abandon this well~~ by the following procedures:

1. Clean out to PBTD at \pm 6350'; CIBP is set at 6350'.
2. RIH with 7" packer to 6300'.
3. Pressure test CIBP set at 6350' to 500 psi for 30 minutes and circulate packer fluid.
4. Pull packer up to 5750' and set. Pressure test to 500 psi for 30 minutes.
5. If annulus won't hold pressure, POOH with tubing pressure testing every 500' to isolate casing leak and once isolated, set a CIBP above leak and pressure test to 500 psi for 30 minutes.
6. RIH with 7" cement retainer to \pm 5750' and set.

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

Signed

Joseph W. Brown

Title

Sr. Conservation Coordinator

Date

6/14/91

(This space for Federal or State office use)

Original to be retained by Bureau

Approved by

Conditions of approval, if any:

Title

Joseph W. Brown

Date

6-19-91

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.

*See instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CONSERVATION DIVISION
RECEIVED

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

Conoco Inc. (915) 686-6540

3. Address and Telephone No.

10 Dasha Drive West Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit D, 660' FWL & 330' FWL
Sec. 29, T20S, R38E

5. Lease Designation and Serial No.

LC-031695A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU Blinberry #101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinberry C & G

11. County or Parish, State

Lee, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

We propose the SEMU Blinberry No. 101 be plugged & abandoned as originally submitted with the 7" casing not perforated at 1450'.

Further review indicates cement was circulated to the surface during July, 1980 (see attached PMA schematic).

RECEIVED
NOV 13 10 19 AM '90
CARL AREA

(Original form submitted to BLM on 10/18/90)

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

Signed [Signature]

Title Administrative Supervisor

Date 11/8/90

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date 11-16-90

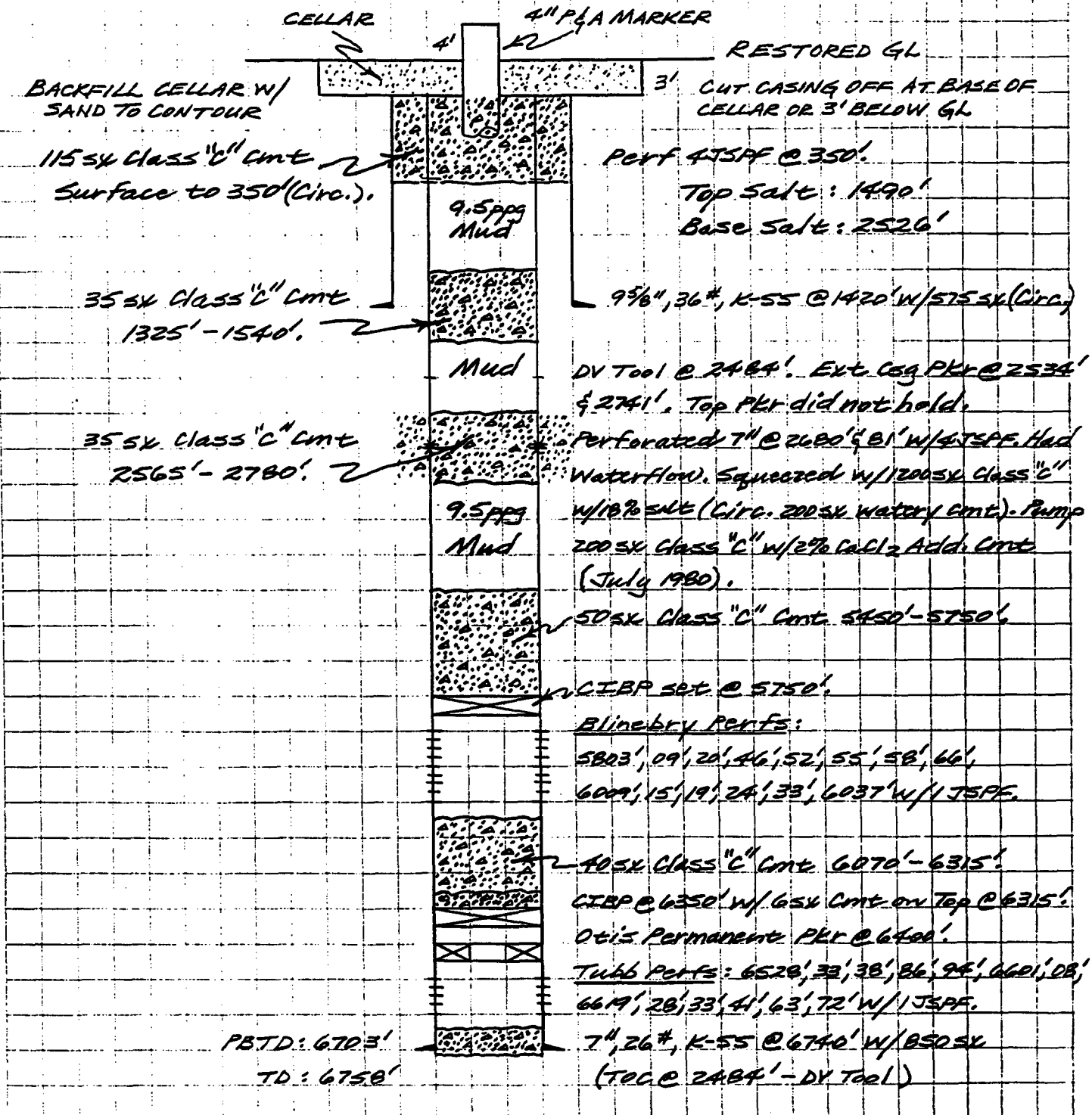
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM (6) Amoco (1) ARCO (1) CHEVRON (1) File (1)
*See instruction on Reverse Side

SEMU BLINEBRY No. 101

660' FNL & 330' FWL
UNIT D, SEC 29, T-20S, R-3BE

ELEVATION: 3546' AF
3535' GL



15 231 191 7-79

Made By **TCA**

Checked By

Date **9-11-90**

Page **1** of **1**

Conoco Inc.
Calculation Sheet

Job No.

Title **~Proposed P&A~**

Field **NMFU**

State **Lea County, NM**

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

Conoco Inc. (915) 686-6540

3. Address and Telephone No.

10 Dosta Drive West Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit D, 660' FWL & 330' FWL
Sec. 29, T20S, R38E

5. Lease Designation and Serial No.

10-031695A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SEMU Blinberry #101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinberry Oil & Gas

11. County or Parish, State

200, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

We propose to plug and abandon SEMU Blinberry No. 101 according to the attached procedure.

RECEIVED
OCT 19 11 26 AM '90
CARTER
AREA HEADQUARTERS

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

Signed

[Signature]

Title

Administrative Supervisor

Date

10-17-90

(This space for Federal or State office use)

Orig. Signed by [Signature]

Approved by

Conditions of approval, if any:

Title

[Signature]

Date

11-6-90

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.

BLM (6) AMOCO (1) ARCO (1) CHEVRON (1) F&G (1)
*See instruction on Reverse Side

SEMURLINEBRY NO. 101
PLUG AND ABANDON

Summary: The following procedure is recommended to permanently plug and abandon SEMURlinebry No. 101:

1. Spot 40 sacks cement on CIBP from 6315' to 6070'.
2. Set a CIBP at 5750'.
3. Fill wellbore with 9.5 ppg mud.
4. Spot 50 sacks cement on CIBP from 5750' to 5450'.
5. Spot a 35 sack cement plug from 2780' to 2565'.
6. Spot a 35 sack cement plug across the 9-5/8" casing shoe and top of salt from 1540' to 1325'.
7. Perf 7" casing at 350' with 4 JSPF. Pump 115 sacks cement to set plug in 7" casing and fill 9-5/8" x 7" annulus from 350' to surface.

Location: 660' FNL & 330' FWL, Sec. 29, T-20S, R-38E
Lea County, NM

Elevation: 3546' DF (11' AGL)

Completion: Blinebry
TD: 6758' PBTD: 6315'
Perfs: 5803', 09', 20', 46', 52', 55', 58', 66', 6009', 15', 19', 24', 33', & 6037'
w/1 JSPF.

CIBP set at 6350' with 6 sx cement on top (TOC @ 6315').

Casing/Tubing Specifications:

OD (in.)	Weight (lbs/ft)	Grade	Depth (ft)	Drift (in.)	Collapse (psi)	Burst (psi)	Capacity	
							(bbl/ft)	(ft ³ /ft)
9-5/8	36.0	K-55	1420	8.765	2020	3520	.0773	.4340
7	26.0	K-55	6740	6.151	4320	4980	.0382	.2148
2-7/8	6.5	N-80		2.347	11,160	10,570	.00579	.03250

9-5/8" casing set @ 1420' with 575 sx cement circulated to surface.

7" casing set @ 6740' with 850 sx cement. TOC @ 2484'.

7" casing perforated @ 2680'-81' w/4 JSPF and squeezed w/1400 sx cement to shut off waterflow (200 sx watery cement circulated to surface up 9-5/8" annulus).

Use safety factor of 70% for collapse and burst pressures.

Assume 2-7/8" workstring will be used.

- Notes:**
1. Cement slurry used in this procedure shall be Class "C" neat mixed @ 14.8 ppg.
 2. All mud shall be 9.5 ppg with 25 lbs gel/bbl brine.
 3. Notify BLM prior to commencing any work.

Safety:

This procedure includes cementing and perforating. A pre-job safety meeting involving all personnel on location should be held before any work commences. Conoco policies and the service company's safety procedures should be reviewed. Arrange for a pre-determined assembly area in case of an emergency. No unauthorized personnel are allowed on location.

The following checklist is recommended during cementing operations:

1. All pump and storage trucks should rig up outside dead man anchors and guy wires if possible.
2. All connections on the wellhead must have a pressure rating higher than the maximum pump pressure.
3. Data recording equipment should be located as far as practical from the discharge line.
4. Anchor all lines and pressure test as needed.
5. A service company and/or company employee must be designated to operate valves at the wellhead in case of an emergency.
6. All service and company personnel must keep a safe distance from pressured-up lines. No one should be in the derrick or on the rig floor while pumping cement.

The following checklist is recommended during perforating operations:

1. The perforating truck should rig up outside dead man anchors and guy wires and be positioned upwind of the wellhead if possible.
2. The perforating company must place warning signs at least 500' away from the operation on all incoming roads.
3. Welding, on location, is not permitted during the perforating operation.
4. Perforating must be suspended during electrical thunderstorms or sandstorms.
5. Turn off all radios that are within 500' of the operation. They should not be used while rigging up and loading perforating guns or until the gun is at least 500' in the hole. The same process should be repeated when pulling out of the hole.
6. The perforating truck must be grounded to the rig and wellhead before installing the blasting cap(s).
7. Insure that the key to the perforating panel is removed from the panel and the generator on the truck is turned off while arming the gun.
8. No one is allowed in the derrick or on the rig floor while perforating.
9. Upon completion of the operation, the work area shall be thoroughly inspected and all scraps and explosive materials shall be properly removed from the location by the service company performing the operation.

Recommended Procedure:

1. Prepare well for P&A:
 - A. MIRU. Bleed well pressure down. Kill well with 9.5 ppg brine if needed.
 - B. ND wellhead and NU BOP.
 - C. PU and TIH w/6-1/8" bit, 7" casing scraper, and 2-7/8" workstring to 5800'. POOH.

- D. GIH with WS to 6315'. Tag top of cement and pull up 2'.
2. Set CIBP and spot cement plug:
- A. MIRU cement services.
 - B. Spot 40 sx cement from 6315' to 6070' and displace with 35 bbls fresh water. POOH.
 - C. GIH w/7" CIBP, setting tool, and 2-7/8" WS. Set CIBP @ 5750'. Release setting tool and pull up 2'.
 - D. Load and circulate hole with 220 bbls mud.
 - E. Spot 50 sx cement on CIBP from 5750' to 5450' and displace with 31 bbls mud.
 - F. POOH laying down WS to 2780'.
3. Spot cement plug from 2780' to 2565'.
- A. Load hole with 6 bbls mud.
 - B. Pump 35 sx of cement and displace with 15 bbls mud.
 - C. POOH laying down WS to 1540'.
4. Spot cement plug across 9-5/8" casing shoe and top of salt from 1540' to 1325'.
- * PERFORATE 7" CASING AT ± 1450'
 - A. Load hole with 2 bbls mud.
 - B. Pump 65 sx of cement and displace with 7 bbls mud.
 - C. POOH with WS. WOC. GIH and tag top of cement.
 - D. POOH laying down WS.
5. Circulate cement up surface casing and set surface plug:
- A. MIRU wireline services.
 - B. RIH with a 4" casing gun loaded 4 JSPF (120" phase, .4" EHD) and CCL.
 - C. Perforate 7" production casing @ 350'. POOH.
 - D. GIH w/1 joint 2-7/8" tubing. Close BOP. Pump 15 bbls mud to load hole and establish circulation up 9-5/8" x 7" annulus.
 - E. Pump 115 sx cement (14 sx excess) to fill up 9-5/8" x 7" annulus and set surface plug in 7" casing.
- Note: If cement does not circulate to surface, pump 25 sx down 9-5/8" x 7" annulus. Do not exceed 1000 psi surface pressure.
- F. POOH with tubing.
 - G. RD wireline and cement services.
6. Prepare surface location for abandonment:
- A. ND BOP and cut off all casing strings at the base of the cellar or 3' below the final restored ground level (whichever is deeper). RDMO pulling unit.
 - B. Fill the casing strings (if necessary) from the cement plug to surface with cement.

- C. Cover the wellbore with a metal plate at least 1/4" thick, welded in place, or a cement cap extending radially at least 12" beyond the 9-5/8" casing and at least 4" thick.
- D. Erect an abandonment marker according to the following specifications:

- 1. Marker must be at least 4" diameter pipe, 10' long with 4' above restored ground level, and embedded in cement.
- 2. Marker must be capped and inscribed with the following well information:

SEMU Blinebry No. 101
Unit D, Sec. 29, T-20S, R-38E
Lea County, NM
Date

Note: 1/4" metal plate can be welded to marker and then to the casing after the marker is set in cement.

- E. Cut off dead-man anchors below ground level and remove markers. Fill in cellar and workover pit.
 - F. Remove all equipment, concrete bases, and pipe not in use.
 - G. Clean and restore location to its natural state. Reseed according to BLM requirements.
7. Send a copy of the well service report and final P&A schematic to the Midland Office so the proper forms can be filed.

APPROVED:

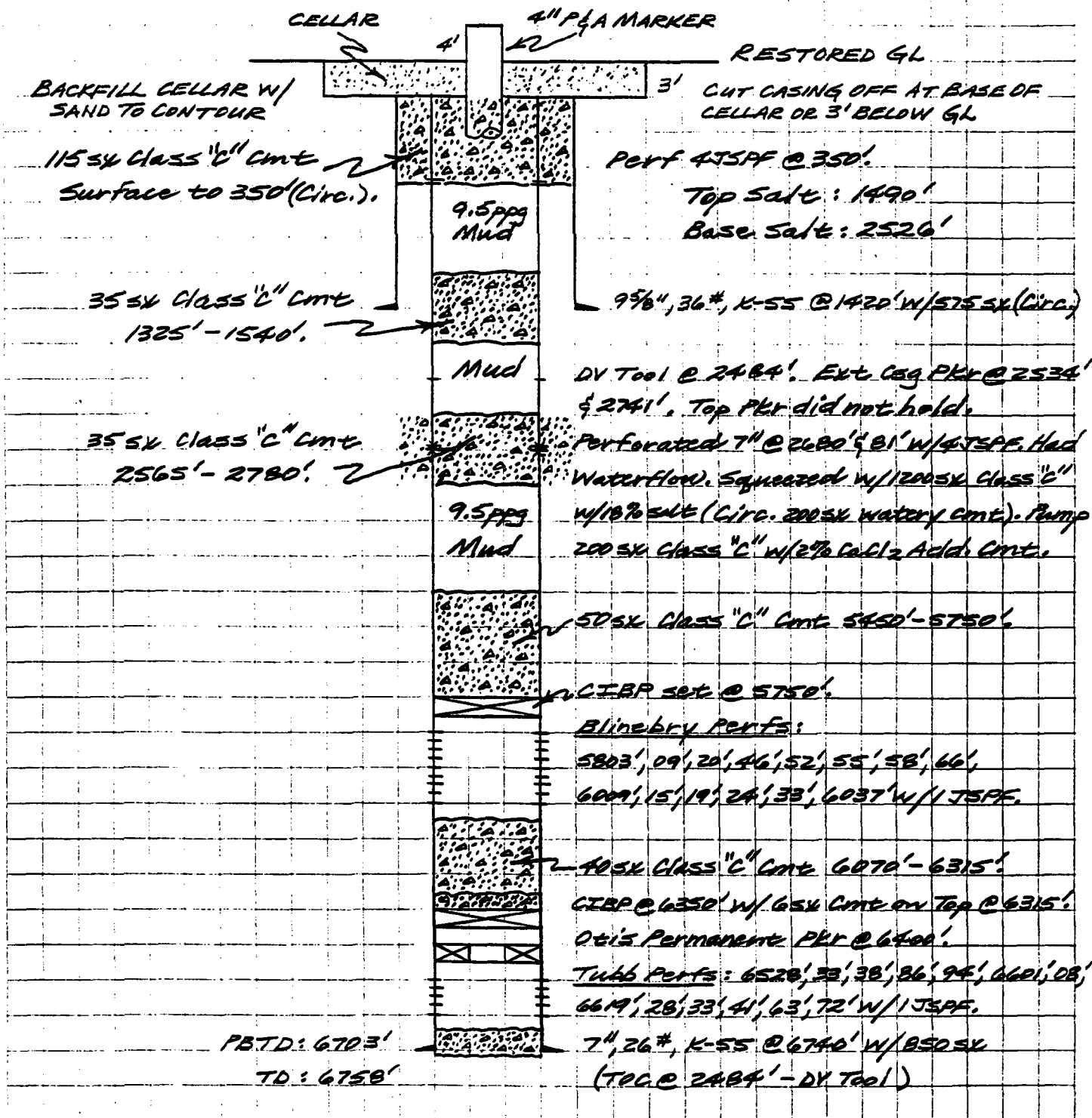
<u>Tom C. Gaddrell</u>	<u>9-24-90</u>
Engineering Technician	Date
<u>John F. Maffey</u>	<u>9/29/90</u>
Sr. Production Engineer	Date
<u>Paul C. Carter</u>	<u>10/5/90</u>
Supervising Production Engineer	Date
<u>John H. Bradley</u>	<u>10/7/90</u>
Division Engineering Manager	Date
<u>Sam Satter</u>	<u>10/8/90</u>
Production Superintendent	Date

TCA\tk\SEMU101.PRO

SEMU BLINEBRY No. 101

660' FNL & 330' FWL
UNIT D, SEC 29, T-205, R-38E

ELEVATION: 3546' DF
3535' GL



Conoco Inc.
Calculation Sheet

Made By TCA

Checked By

Date 9-11-90

Page 1 of 1

~ Proposed P&A ~

Job No.

Field NMFH

State Lea County, NM

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Conoco Inc.	
Address P. O. Box 460, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
To show lease is now being commingled	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Blinebry	Well No. 101	Pool Name, including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee	Lease No. LC-031670 (b)
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>20S</u> Range <u>38E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Company	P. O. Box 1910, Midland, Tx 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 20 20S 38E
Is gas actually connected?	When Yes

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-67

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

Administrative Supervisor

April 10, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 13 1984, 19

BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviator
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condition.

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Conoco Inc.Address
P.O. Box 460 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name SEMU Blinebry	Well No. 101	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee	Lease No. LC-031670(b)
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>29</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, Lea County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Monument, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20	Twp. 20	Rge. 38	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David L. Luger
(Signature)

Administrative Supervisor

(Title)

July 15, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED

JUL 18 1983

BY

TITLE

DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well well

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P.O. BOX 460, HOBBS, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

660
AT SURFACE: 490' FNL & 330' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

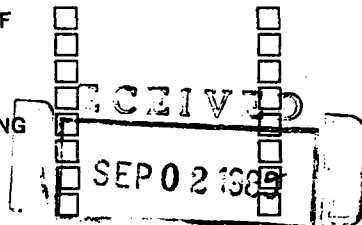
PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐



GIL CONSERVATION DIVISION

5. LEASE

LC 031670(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMI

8. FARM OR LEASE NAME

SEMI BLINEBRY

9. WELL NO.

101

10. FIELD OR WILDCAT NAME

BLINEBRY OIL & GAS

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

SEC. 29, T-20S, R-38E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

MIRU 7-17-80. Set CIBPC @ 6350'. Dump 6 sk. class C cmt. on CIBP. Perf'd from 2640' to 2681' w/ 8 perfs. Squeezed w/ 1200 sk. class "C" cmt. Circ'd 200 sk. to surface. Circ'd cmt. was watery. Drilled out cmt. to 2692'. Had waterflow inside csg. Set pkr. @ 2382'. Pumped in 200 sk. class "C" cmt. w/ additives. Pook d pkr. Tagged cmt. @ 2505'. Drilled out cmt. R/H w/ 2 3/8" tbg., set @ 6045'. Well tagged. 49 MCFPD on 8-4-80.

RECEIVED

AUG 20 1980

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

SIGNED

Wm. A. Butterfield

TITLE ADMIN. SUPERVISOR

DATE

8/19/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS-5
NAF-4
FILE

TITLE

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____	5. LEASE DESIGNATION AND SERIAL NO. LC 03167D b	
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input checked="" type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR CONOCO INC.						7. UNIT AGREEMENT NAME SEMU	
3. ADDRESS OF OPERATOR P.O. BOX 460 HOBBS, NM 88240						8. FARM OR LEASE NAME SEMU BLINERY	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660 440 FNL 4 330' FNL At top prod. interval reported below same At total depth same						9. WELL NO. 101	
						10. FIELD AND POOL, OR WILDCAT BLINERY	
						11. SEC., T. R., M., OR BLOCK AND SURVEY OR AREA SEC. 29, T-20S, R-38E	
		14. PERMIT NO.				12. COUNTY OR PARISH LEA	
		DATE ISSUED				13. STATE NM	
15. DATE STUCCOED MAY 7-1980	16. DATE T.D. REACHED —	17. DATE COMPL. (Ready to prod.) 8-3-80	18. ELEVATIONS (DF, RBB, BT, GR, ETC.)* 3535' GR		19. ELEV. CASINGHEAD		
20. TOTAL DEPTH, MD & TVD 6758'	21. PLUG. BACK T.D., MD & TVD 6350'	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY —		ROTARY TOOLS		CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	AMOUNT PULLED		RECEIVED AUG 20 1980 U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO	
NO CHANGE							
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD		
					SIZE 2 3/8"	DEPTH SET (MD) 6045'	PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
2480' - 2481'				DEPTH INTERVAL (MD) 2480' - 2481'			
OIL CONSERVATION DIVISION SANTA FE				AMOUNT AND KIND OF MATERIAL USED used total of 1400 sk. class 2" amt. Circ'd 200 sk.			
33.* PRODUCTION							
DATE FIRST PRODUCTION 8-4-80		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping				WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 8-4-80	HOURS TESTED 24	CHOKE SIZE —	PROD'N. FOR TEST PERIOD —	OIL—BBL. 18	GAS—MCF. 49	WATER—BBL. 12	GAS-OIL RATIO 2722
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE —	OIL—BBL. 18	GAS—MCF. 49	WATER—BBL. 12	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold						TEST WITNESSED BY C.O. Fransto	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED Wm. R. Butler		TITLE ADMIN. SUPERVISOR				DATE 8/19/80	

4565-5
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*(See Instructions and Spaces for Additional Data on Reverse Side)

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator
CONOCO INC.
Address
P. O. Box 460, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **APPROVED**
If change of ownership give name and address of previous owner _____
OIL CONSERVATION COMMISSION
SANTA FE

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEMUBlenchy	Well No. 101	Pool Name, Including Formation Blenchy Oil & Gas	Kind of Lease State, (Federal) or Fee LC 03/670 B	Lease No.
Location Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line of Section 29 Township 20-S Range 38-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CONOCO INC Surface Transp	Address (Give address to which approved copy of this form is to be sent) P.O. 2587 Hobbs NM			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Monument, NM			
If well produces oil or liquids, give location of tanks.	Unit F 29	Sec. 20	Twp. 38	Rge. yes
Is gas actually connected?		When 5-21-79		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jane A. T. H.
(Signature)
Administrative Supervisor

(Title)
APR 16 1980

(Date)
CMOC D(5), USGS(2), NMFCU(4), File

OIL CONSERVATION COMMISSION

APPROVED **APR 21 1980**, 19 _____
BY **John W. Rynsner**
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I. Operator **CONOCO INC.**
Address **P. O. Box 460, Hobbs, N.M. 88240**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **RECOMPLETION**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **SEMITTUBB A** Well No. **101** Pool Name, Including Formation **Warren Tubb oil** Kind of Lease **State** Lease No. **LC031670 b**
Location
Unit Letter **D** ; **660** Feet From The **North** Line and **330** Feet From The **West**
Line of Section **29** Township **20-S** Range **38-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
CONOCO INC Surface Transp Address (Give address to which approved copy of this form is to be sent) **P.O. 2587 Hobbs, NM**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Address (Give address to which approved copy of this form is to be sent) **Mamont, NM**
If well produces oil or liquids, give location of tanks. Unit **0** Sec. **18** Twp. **20** Rge. **38** Is gas actually connected? **no** When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jane A. Hui
(Signature)

Administrative Supervisor

(Title)

APR 6 1980

(11MOC 105), 11MFC (1), USGS (2), File

OIL CONSERVATION COMMISSION

APPROVED **APR 21 1980**, 19 _____

BY *John W. Ramsey*

TITLE **Geologist**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. LC - 031670 (6)
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Conoco Inc.			7. UNIT AGREEMENT NAME SEMU
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240			8. FARM OR LEASE NAME SEMU Blinberry
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 990' FNL & 330' FNL At proposed prod. zone same			9. WELL NO. 101
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*			10. FIELD AND POOL, OR WILDCAT Blinberry / Tubb
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)	16. NO. OF ACRES IN LEASE	17. NO. OF ACRES ASSIGNED TO THIS WELL	11. SEC., T., E., S., OR BLK. AND SURVEY OR AREA Sec. 29 T-20S R-38E
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.	19. PROPOSED DEPTH 6450'	20. ROTARY OR CABLE TOOLS	12. COUNTY OR PARISH 13. STATE Lea N.M.
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3535' GL			22. APPROX. DATE WORK WILL START*

23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
NO CHANGE FROM PRESENT				

It is proposed to plug back the Tubb zone in subject well & shut off the waterflow.

See attachments for procedure & BOP specs.

No additional surface disturbance will occur.

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MAR 19 1980

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED *John A. Bantel* TITLE *Admin. Supervisor* DATE *3/18/80*

(This space for Federal or State office use)

PERMIT NO. **APPROVED**

APPROVAL DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACTING DISTRICT ENGINEER

*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

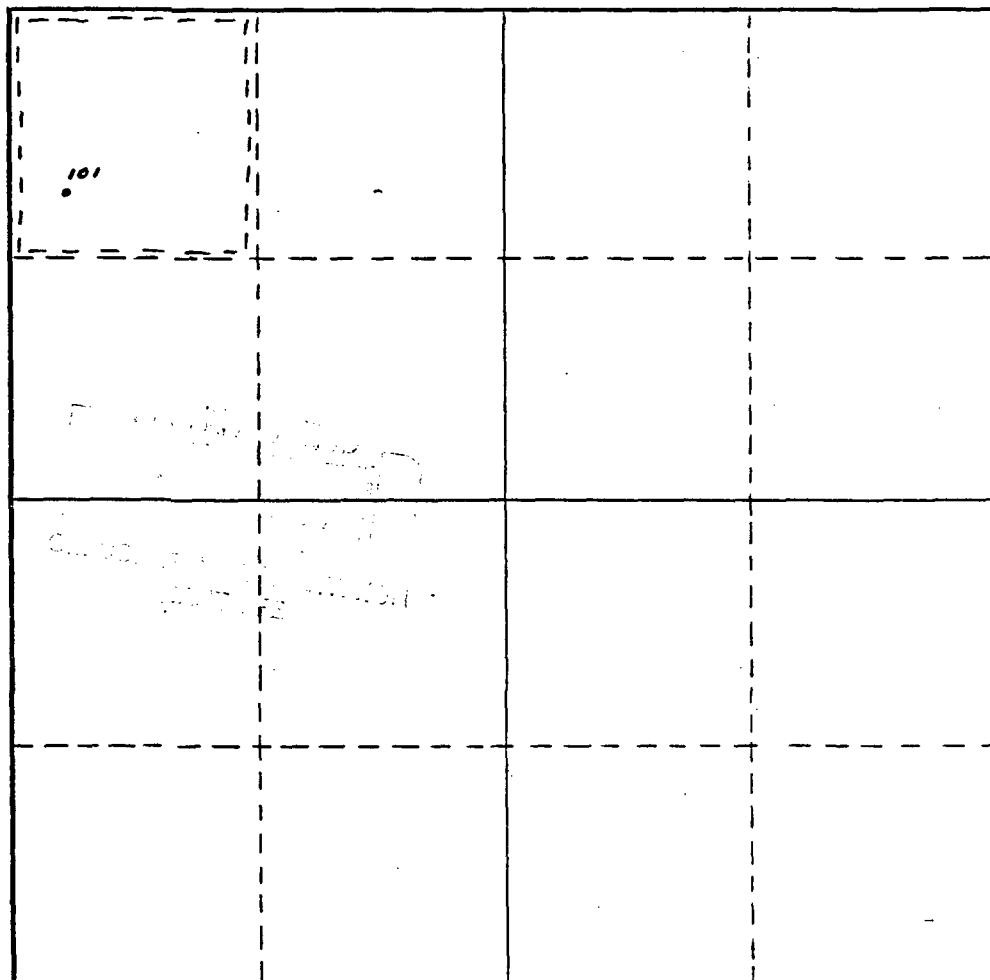
Operator Conoco Inc.			Lease SEMI Blinebry		Well No. 101
Unit Letter D	Section 29	Township 20 South	Range 38 East	County Lea	
Actual Footage Location of Well: 990 feet from the North line and 330' feet from the West line					
Ground Level Elev.	Producing Formation Blinebry		Pool Blinebry Oil & Gas		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

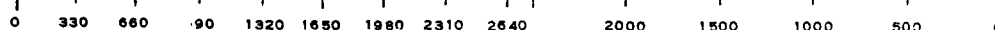
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **Wm A. Butterfield**
 Position **Administrative Supervisor**
 Company **Conoco Inc.**
 Date **3/18/80**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____
 Registered Professional Engineer and/or Land Surveyor _____

Certificate No. _____



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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

I. OPERATOR

Operator CONOCO INC

Address P.O. Box #60, HOBBS, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	To report connection for
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	sale of casinghead gas.
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SEMU BLINERY</u>	Well No. <u>101</u>	Pool Name, including Formation <u>BLINERY OIL & GAS</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC 0316706</u>
Location				
Unit Letter <u>D</u>	<u>660</u> Feet From The <u>NORTH</u> Line and	<u>830</u> Feet From The <u>WEST</u>		
Line of Section <u>29</u>	Township <u>20.5</u>	Range <u>38.E</u>	NMPM, <u>LEA</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PERMIAN CORPORATION</u>	<u>MIDLAND, TEXAS</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>WARREN PETROLEUM</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>YES</u> When <u>5-21-79</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
RECEIVED NOV 8 - 1979 TUBING, CASING AND CEMENTING RECORD OIL CONSERVATION DIVISION SANTA FE								
HOLE SIZE	CASING TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ben A. Lee
 (Signature)

ADMINISTRATIVE SUPERVISOR
 (Title)

NOVEMBER 5, 1979
 (Date)

NMOC (5) - USGS (2) - NMPU (4) - FILE

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1979, 19

BY John W. Runyon
 Geologist
 TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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 Form 9-331-C 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. See space 17 below.)
AT SURFACE: **660FNL + 330FWL**
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

(other)

Shut In Zone ☒

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

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SEP 18 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC 0316706

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEM U

8. FARM OR LEASE NAME

SEM U Blinebry9. WELL NO. **SEM U-TUBB A****101**

10. FIELD OR WILDCAT NAME

Blinebry & Tubb

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

Sec 29, T-20S, R-38E

12. COUNTY OR PARISH 13. STATE

Lea NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3527.1' GR

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.)*

Producing - Blinebry 0.1 & Gas zoneStatus of Well: **Shut In - Tubb 0.1 zone**Approximate date that temp. aban. commenced: **5-21-79**Reason for temp. aban.: **Awaiting downhole commingling**

Future plans for well: **Downhole commingling
Blinebry & Tubb zones**

Approximate date of future W. O. or plugging: **upon approval of DHC**

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Bern H. Lee

TITLE

Administrative Supervisor

DATE

SEP 17 1979

(This space for Federal or State office use)

APPROVED BY

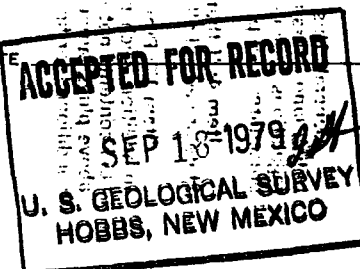
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TITLE

DATE

**USAS-5
NMEN-4
File**

*See Instructions on Reverse Side



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	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I.

Operator	Conoco Inc.		
Address	Box 460, Hobbs, NM 88240		
Reason(s) for filing (Check proper box)	<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership		
Change in Transporter of:	<input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		
Other (Please explain)	Request for final allowable for the month of July, 1979. Change of lease name		

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE NOTE: SAME WELL AS SEMU BLINEBRY #101

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SEMU Tubb A	101	Warren Tubb Oil	State, Federal or Fee	LC 0316706
Location				
Unit Letter	D	660'	Feet From The North	Line and 330' Feet From The West
Line of Section	29	Township	20-S	Range 38-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation	Midland, TX	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum	Monument, NM	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	18
	20	38
Is gas actually connected?	When	
NO		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
3-6-79	4-20-79		6758'	6703'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth				
3535' GL	Tubb		6528'	6639'				
Perforations 6528', 33', 38', 86', 94, 6601, 08, 19, 29, 33, 41, 61, 72 W/ 135PF				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1420'		575 SK			
8 3/4"	7"		6738'		850 SK			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-21-79	5-21-79	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	NA	NA	NA
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	5	10	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Gravity 39.7
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief:

Bernard A. Lee
(Signature)
Administrative Supervisor
(Title)
JUL 17 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1979
BY [Signature]
TITLE SUPERVISOR DISTRICT I

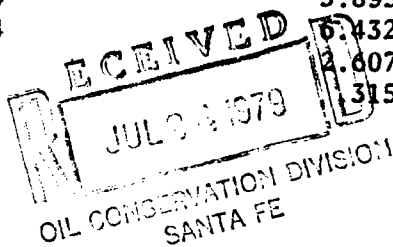
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple.

NMOCK (5) NMEU (4) NMSA (7) NMC

INCLINATION REPORT

OPERATOR Continental Oil Company ADDRESS PO Box 460, Hobbs, New Mexico 88240
 LEASE NAME SEMU Blinebry WELL NO. 101 FIELD _____
 LOCATION Section 29, T-20S, R-38E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
273	1/4	1.2012	1.2012
759	1	8.5050	9.7062
1201	1 1/4	9.6356	19.3418
1420	1 1/2	5.7378	25.0796
1897	1 1/2	12.4974	37.5770
2388	1 1/2	12.8642	50.4412
2878	1 1/4	10.6820	61.1232
3370	1/4	2.1648	63.2880
3866	1/2	4.3152	67.6032
4359	3/4	6.4583	74.0615
4758	3/4	5.2269	79.2884
5175	1	7.2975	86.5859
5650	3/4	6.2225	92.8084
6100	3/4	5.8950	98.7034
5491	3/4	6.4321	105.1355
6740	1	2.6075	107.7430
6758	1	3.150	108.0580



I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 27th day of March, 19 79

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

James L. M... ..
 Notary Public in and for the County
 of Lea, State of New Mexico

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator Conoco Inc.
Address Box 460, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Request for final allowable for the month of July, 1979

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SEMU Blinebry</u>	Well No. <u>101</u>	Pool Name, including Formation <u>Blinebry Oil and Gas</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC0316706</u>
Location Unit Letter <u>D</u> ; <u>660'</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>20-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Midland, Tx</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Monument, NM</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>18</u>	Twp. <u>20</u>	Rge. <u>38</u>	Is gas actually connected? <u>NO</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>3-6-79</u>	Date Compl. Ready to Prod. <u>4-20-79</u>		Total Depth <u>6758'</u>		P.B.T.D. <u>6703'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3535' GL</u>	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth <u>5999'</u>			
Perforations <u>5803, 09, 20, 46, 52, 55, 58, 66, 6009, 15, 19, 24, 33, 37 w/135PF</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4"</u> <u>8 3/4"</u>	CASING & TUBING SIZE <u>9 5/8"</u> <u>7"</u>		DEPTH SET <u>1420'</u> <u>6738'</u>		SACKS CEMENT <u>575 SK</u> <u>850 SK</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5-21-79</u>	Date of Test <u>5-21-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>NA</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil - Bbls. <u>53</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>97</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <u>Gravity 38.0</u>
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ben R. Lee
(Signature)
Administrative Supervisor
(Title)
JUL 17 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 1979, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple

AMCO (5) NMCO (1) 1565(2) FILE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 031670 (b)</u>					
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		7. UNIT AGREEMENT NAME <u>SEMU</u>					
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME <u>SEMU Blinbry</u>					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements). At surface <u>660' FNL 1 330' FWL</u> At top prod. interval reported below <u>SAME</u> At total depth <u>SAME</u>		9. WELL NO. <u>101</u>					
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT <u>Blinbry Oil & Gas</u>					
15. DATE SPUNDED <u>3-6-79</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>SEC. 29 T 20S R 38E</u>					
16. DATE T.D. REACHED <u>3-1-79</u>		12. COUNTY OR PARISH <u>LEA</u>					
17. DATE COMPL. (Ready to prod.) <u>3-1-79</u>		13. STATE <u>NM</u>					
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* <u>3535' GL</u>		19. ELEV. CASING HEAD					
20. TOTAL DEPTH, MD & TVD <u>6758'</u>		23. INTERVALS DRILLED BY <u>Rotary</u>					
21. IF MULTIPLE COMPL., HOW MANY* <u>1</u>		24. ROTARY TOOLS					
22. IF MULTIPLE COMPL., HOW MANY* <u>1</u>		25. CABLE TOOLS					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP & BOTTOM (MD AND TVD)* <u>5801' - 6035' Blinbry Oil & Gas</u>		25. WAS DIRECTIONAL SURVEY MADE <u>Yes</u>					
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>GR-CNL FDC DL-CAL</u>		27. WAS WELL CORED <u>No</u>					
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
<u>9 5/8"</u>	<u>36th</u>	<u>1420'</u>	<u>12 1/4"</u>	<u>575^{cu}</u>	<u>60^{cu}</u>		
<u>7"</u>	<u>26th</u>	<u>6738'</u>	<u>8 3/4"</u>	<u>850^{cu}</u>			
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					<u>2 7/8</u>	<u>5999</u>	<u>6400'</u>
31. PERFORATION RECORD (Interval, size and number) <u>5803', 09', 20', 46', 52', 55', 58', 66', 6009', 15'</u> <u>19', 24', 33', 37' w/11SPF</u>				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL (MD)			
				AMOUNT AND KIND OF MATERIAL USED			
				<u>5803-6037</u>			
				<u>3100 gal. TFW, 55000th 20/40 sd.</u>			
33. PRODUCTION							
DATE FIRST PRODUCTION <u>5-21-79</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>PMPG</u>		WELL STATUS (Producing or shut-in) <u>Prod.</u>			
DATE OF TEST <u>5-21-79</u>	HOURS TESTED <u>24</u>	CHOKE SIZE <u>NA</u>	PROD'N. FOR TEST PERIOD <u>→</u>	OIL—BBL. <u>53</u>	GAS—MCF. <u>97</u>	WATER—BBL. <u>0</u>	GAS-OIL RATIO <u>1830</u>
FLOW. TUBING PRESS. <u>NA</u>	CASING PRESSURE <u>NA</u>	CALCULATED 24-HOUR RATE <u>→</u>	OIL—BBL. <u>53</u>	GAS—MCF. <u>97</u>	WATER—BBL. <u>0</u>	OIL GRAVITY-API (CORR.) <u>38</u>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Sold</u>						TEST WITNESSED BY <u>WDCates</u>	
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Wm. A. Butcher</u>				TITLE <u>Supervisor</u>		DATE <u>5-29-79</u>	

USGS 5
NMPU 4
FILE

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

NEW MEXICO

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	NAME	MEAS. DEPTH
Red beds	1405	Rustler	1405
Anky.	1490	Salado	1490
" " Salt	2526	Tansil	2526
" " , Poto.	2679	Yates	2679
Ss. " "	6685	Queen	3503
" "	TD	San Andres	4021
		Glorieta	5329
		Blinberry Mka.	5842
		Tubb	6360
		Drinkard	6685

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>
		DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>		
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY					
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) At surface 660' FNL ↓ 330' FNL At top prod. interval reported below same At total depth same					
14. PERMIT NO.		DATE ISSUED			
15. DATE SPUDDED 3-6-79		16. DATE T.D. REACHED 3-19-79		17. DATE COMPL. (Ready to prod.) 4-20-79	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3535' AL		19. ELEV. CASINGHEAD			
20. TOTAL DEPTH, MD & TVD 6758'		21. PLUG, BACK T.D., MD & TVD 6703'		22. INTERVALS COMPL. BY dual	
23. INTERVALS DRILLED BY rotary		ROTARY TOOLS		CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (and TVD) 6527'-6673' Warren Tubb Oil				25. WAS DIRECTIONAL SURVEY MADE yes	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-FDC DIL CAL				27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)					
CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36 #	1420'	12 1/4"	575 ax	600 ax
7"	26 #	6738'	8 3/4"	850 ax	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2 3/8	6639	6400'			
31. PERFORATION RECORD (Interval, size and number) 6528', 33', 38', 86', 94', 6601', 08', 19', 28', 33', 41', 61', 72' w/ NISPC			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
6528'-6672'			2790 gals 15% HCL/NIC, 40.500 gals 772W, 62,000 # 20/40 ad		
33.* PRODUCTION					
DATE FIRST PRODUCTION 5-21-79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) pmpg			WELL STATUS (Producing or shut-in) prod
DATE OF TEST 5-21-79	HOURS TESTED 24	CHOKE SIZE NA	PROD'N. FOR TEST PERIOD →	OIL—BBL. 5	GAS—MCF. 757M
FLOW. TUBING PRESS. NA	CASING PRESSURE NA	CALCULATED 24-HOUR RATE →	OIL—BBL. 5	GAS—MCF. 757M	WATER—BBL. 10
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) sold			TEST WITNESSED BY W.D. Cates		
35. LIST OF ATTACHMENTS					

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Wm A. Butterfield

TITLE Administrative Supervisor

DATE 5-29-79

USGS 5
NMPU 4

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTS, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Redbeds	0	1405		Rustler	1405	
Anhy.		1490		Salado	1490	
" " Salt		2526		Tansil	2526	
Dolo., Anhy.		2679		Yates	2679	
" " Ss.		6685		Queen	3503	
" "		TP		San Andres	4021	
				Glorieta	5329	
				Blaineby MKV.	5842	
				Tubb	6360	
				Drinkard	6685	

38. GEOLOGIC MARKERS

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 995' FNL + 830' FWD

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

660/N 330/W

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) spud well, set surf csq, change name

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.)*

3-6-79 MIRU, spud well.

3-7-79 drld to 1420' surf csq TD.
ran 95/8" surf csq. as follows.
GS, SJ, FC, 32 jts 95/8", 36"
K-55, STIC set @ 1420' KB.
cmtd w/ 275 x Class "C" cmt.
tail'd in w/ 300 x Class "C" cmt.
circ. 603x to surf.It is also proposed to change the name of subject well
from SEMU Burger B No. 101 to SEMU Blinbry No. 101 for accounting purposes.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

Wm A. Hutterford

TITLE

Administrative Super

DATE

3-8-79

(This space for Federal or State Office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

4565 5

NMFU 4

71LE

5. LEASE

LC 031670 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU BURGER B

9. WELL NO.

101

10. FIELD OR WILDCAT NAME

BLINBRY TUBB

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

SEC. 29 T20S R38E

12. COUNTY OR PARISH

LEA

NM.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3527.1' GR

RECEIVED
RECEIVED
(NOTE: Report proposals for multiple completion or zone change on Form 9-330)
MAR 19 1979
OIL CONSERVATION
SANTA FE
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICOACCEPTED FOR RECORD
DATE
MAR 19 1979U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☒

2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY

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.)*
At surface 860' 37N 3 330' FWL
At proposed prod. zone same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

20. ROTARY OR CABLE TOOLS

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

22. APPROX. DATE WORK WILL START*

PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4 "	9 5/8 "	32 #	1450'	575 m CIRCULATE
8 3/4 "	7 "	23 #, 26 #	6740'	1500 m

It is proposed to drill a straight hole to a TD of 6740' and complete as a dual oil well in the Blincoy & Tubb zones
See attachment for formation tops, mud program, logging, B.O.P. etc.
See attached for surface use plan

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS"

DEC 28 1978

RECEIVED

DEC 1 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Bern A. Lee TITLE Administrative Supervisor DATE 11-30-78

(This space for Federal or State office use)

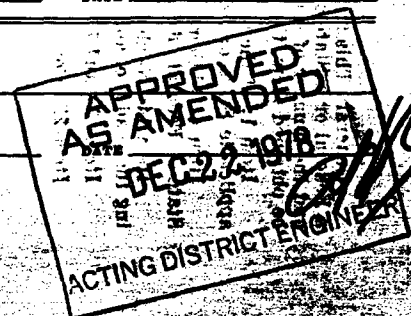
PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS 6
NM34 4
File
JFB Release

*See Instructions On Reverse Side



**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form O-102
Supersedes O-101
Effective 1-1-65

All distances must be from the outer boundaries of the Section

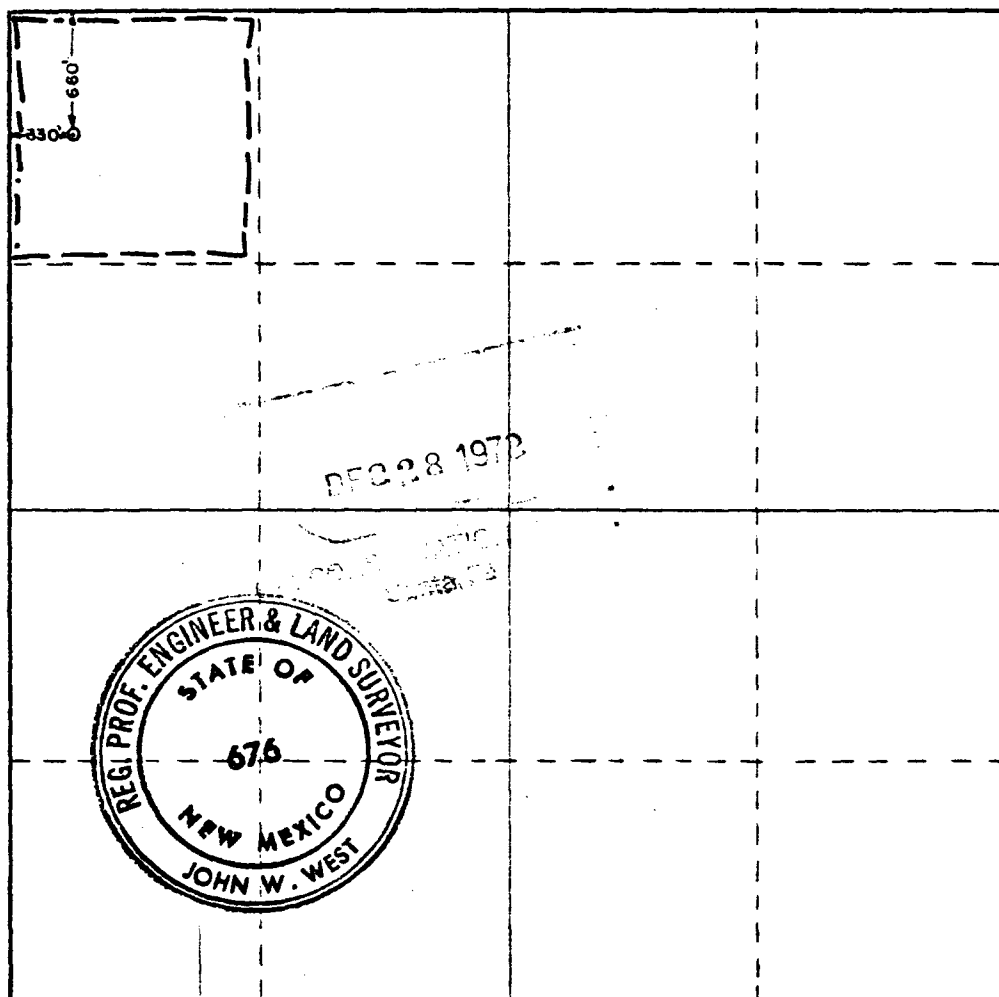
Operator Continental Oil Co.			Lease SEMU Burger "B"		Well No. 101
Section Letter D	Section 29	Township 20 South	Range 38 East	County Lea	
Actual Footage Location of Well: 660 feet from the North line and 330 feet from the West line					
Ground Level Elev. 3527.1	Producing Formation Bureley & Liao		Pool W. Warren VSE		Dedicated Acreage: 40

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name **Ben H. Lee**
 Position **Administrative Supervisor**
 Company **Continental Oil Company**
 Date **November 30, 1978**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

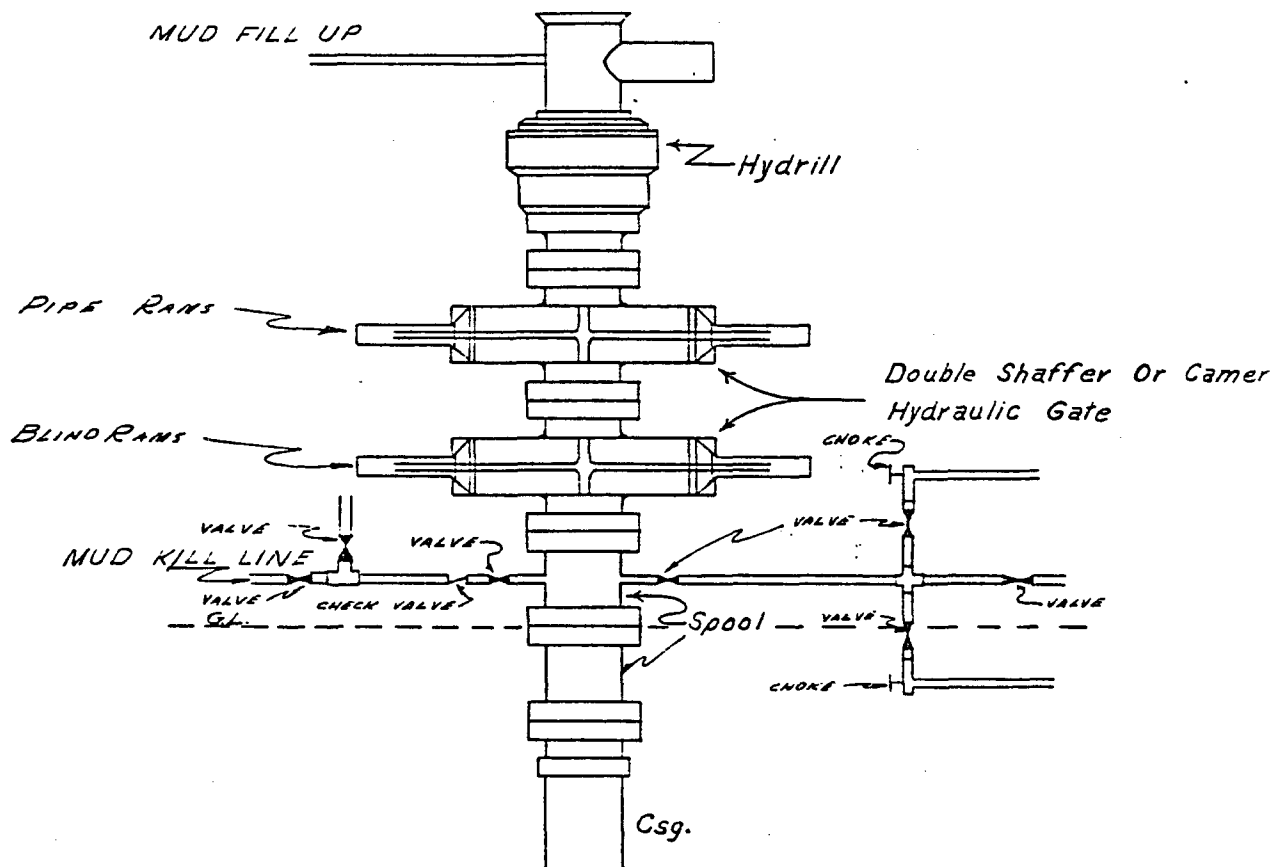
Date Surveyed
October 14, 1978
 Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No. **John W. West 376**
Ronald J. Eidson 3239

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600 6930 7260 7590 7920 8250 8580 8910 9240 9570 9900

CONTINENTAL OIL COMPANY
Blow-out Preventer Specifications



NOTE:

API SERIES 900

Manual and Hydraulic controls with closing unit no less than 75' from well head.
Remote controls on rig floor.

DUE TO SUBSTRUCTURE CLEARANCE,
HYDRILL MAY OR MAY NOT BE USED.