

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 031695A

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

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.

SEMU #159

2. Name of Operator

CONOCOPHILLIPS CO.

9. API Well No.

30-025-35775

3. Address and Telephone No.

4001 PENBROOK, ODESSA, TX 79762 (915) 368-1371

10. Field and Pool, or Exploratory Area

Eumont

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

1980 FSL & 760 FWL, SEC. 30, T-20S, R38E, I

11. County or Parish, State

1740 FSL & 460 FEL *[Signature]*

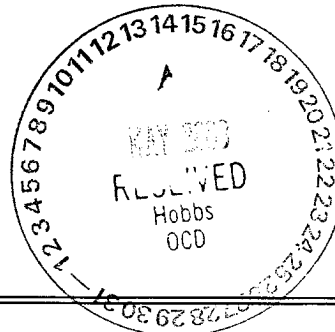
Lea, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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)*

ConocoPhillips Company request cancellation of the Drilling Permit for this well.



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

Signed

Kristy S. Ward

Title

Kristy S. Ward

Regulatory Assistant

Date

3/27/03

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) JOE G. LARA

Title

Permitting Engineer

Date

5/9/03

Conditions of approval if any:

BLM(6), NMOCD(4), SHEAR, PROD ACCTG, COST ASST, FIELD, 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.