

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

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection Well</u>	5. Lease Designation and Serial No. <u>LC-031696A 031670A</u>
2. Name of Operator <u>Conoco Inc</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage Sec., T. R. M. or Survey Description) <u>660' FNL & 1980' FWL, Sec. 19, T20S, R38E, C</u>	8. Well Name and No. <u>SEMU Permian #31</u>
	9. API Well No. <u>30-025-07817</u>
	10. Field and Pool, or Exploratory Area <u>Skaggs Grayburg</u>
	11. County or Parish, State <u>Lea, NM</u>

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

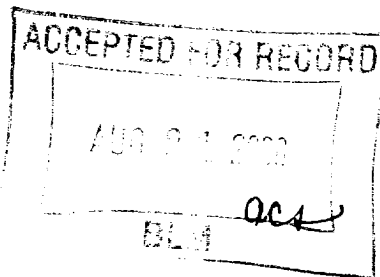
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8/3/00 MIRU NDWH NU & tested BOP. Released packer. POOH scanning tubing. Found hole in joint #86. Joint was selected (31% wall loss).

8/4/00 RIH w/injection equipment hydrotesting tubing. No leaks. Circulated packer fluid. Set packer @ 3528' +/- NDBOP NUWH Ran CIT, 300 psi for 30 minutes (see chart attached). RDMO



14. I hereby certify that the foregoing is true and correct		Reesa R. Wilkes	
Signed <u>Reesa Wilkes</u>	Title <u>Sr. Staff Regulatory Assistant</u>	Date <u>8/17/00</u>	
(This space for Federal or State office use)			
Approved by _____	Title _____	Date <u>AUG 24 2000</u>	
Conditions of approval if any _____			

BLM(6), NMOCD(3), 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

