

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. Oil Cons. & Reclamation  
625 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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 2511
2. Name of Operator <b>CONOCO INC.</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone <b>10 DESTA DRIVE, SUITE 649W, MIDLAND, TEXAS 79705-4500</b>	7. If unit or CA, Agreement Designation Meyer B-31
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) <b>2310' FSL &amp; 1850' FWL Sec. 31, T20S, R38E</b>	8. Well Name and No. 5
	9. API Well No. 30-025-34960
	10. Field and Pool, or Exploratory Area North Hardy Strawn
	11. County or Parish, State Lea County, NM

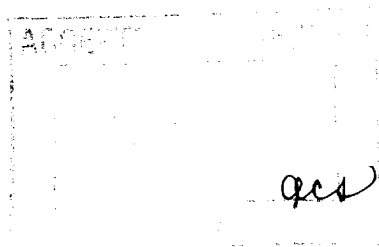
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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>Change in pool</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.)

The NMOCD changed the pool from the South Cass Strawn to the North Hardy Strawn. Attached is the corrected C-102 reflecting the change in pool and dedicated acreage.



RECEIVED  
2000 APR - U P 3:17  
BUREAU OF LAND MGMT.  
NLSOAO RESOURCE AREA

14. I hereby certify that the foregoing is true and correct. Signed <u>J Ann Johnson</u> Title <u>Sr. Property Analyst</u> Date <u>3/30/00</u>
15. (This space for Federal or State office use) Approved by _____ Title _____ Date <u>APR 13 2000</u> Conditions of approval if any: _____

DISTRICT I  
1825 N. French Dr., Hobbs, NM 88240

DISTRICT II  
811 South First, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised March 17, 1999

Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, New Mexico 87505

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-34960	Pool Code 96893	Pool Name North Hardy Strawn
Property Code	Property Name MEYER B-31	Well Number 5
OGRID No.	Operator Name CONOCO INC.	Elevation 3494'

Surface Location

UL or lot No. K	Section 31	Township 20 S	Range 38 E	Lot Idn	Feet from the 2310	North/South line SOUTH	Feet from the 1850	East/West line WEST	County LEA
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Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<b>OPERATOR CERTIFICATION</b>  I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.   Signature  KAY Maddox Printed Name  Regulatory Agent Title  3/27/2000 Date
	<b>SURVEYOR CERTIFICATION</b>  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 belief.  January 12, 2000 Date Surveyed   Signature Professional Surveyor   W.O. No. 00184 Certificate No. Gop Jones 7977 BASIN SURVEYS

Amended

