

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>LC 031620 (A)</b>
2. Name of Operator <b>CONOCO INC.</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T, R, M, or Survey Description) <b>Sec. 24, T20S, R37E, 660' FSL. &amp; 660' FWL</b>	8. Well Name and No. <b>SEMU, Well #158</b>
	9. API Well No. <b>30 025 35539</b>
	10. Field and Pool, or Exploratory Area <b>North Hardy Strawn</b>
	11. County or Parish, State <b>Lea County, NM</b>

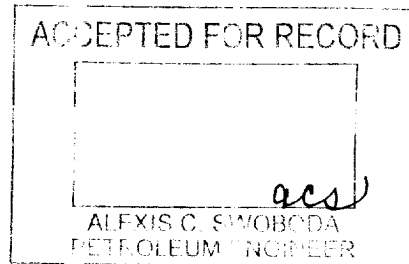
**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Spud/surface casing</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.)\*

10-13-01: Spudded well, drilling 12 1/4" hole.  
10-15-01: Depth - 1520'. Ran 1520', 8 5/8", 24#, J-55 casing. Cemented w/465 sc Cl C lead, and 200 sx Cl C tail. Circulated 52 sx of cement to surface. WOC. Tested to 1500 psig.



14. I hereby certify that the foregoing is true and correct.  
Signed [Signature] Title **Ann E. Ritchie  
Regulatory Agent** Date **10-22-01**

(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval if any: \_\_\_\_\_