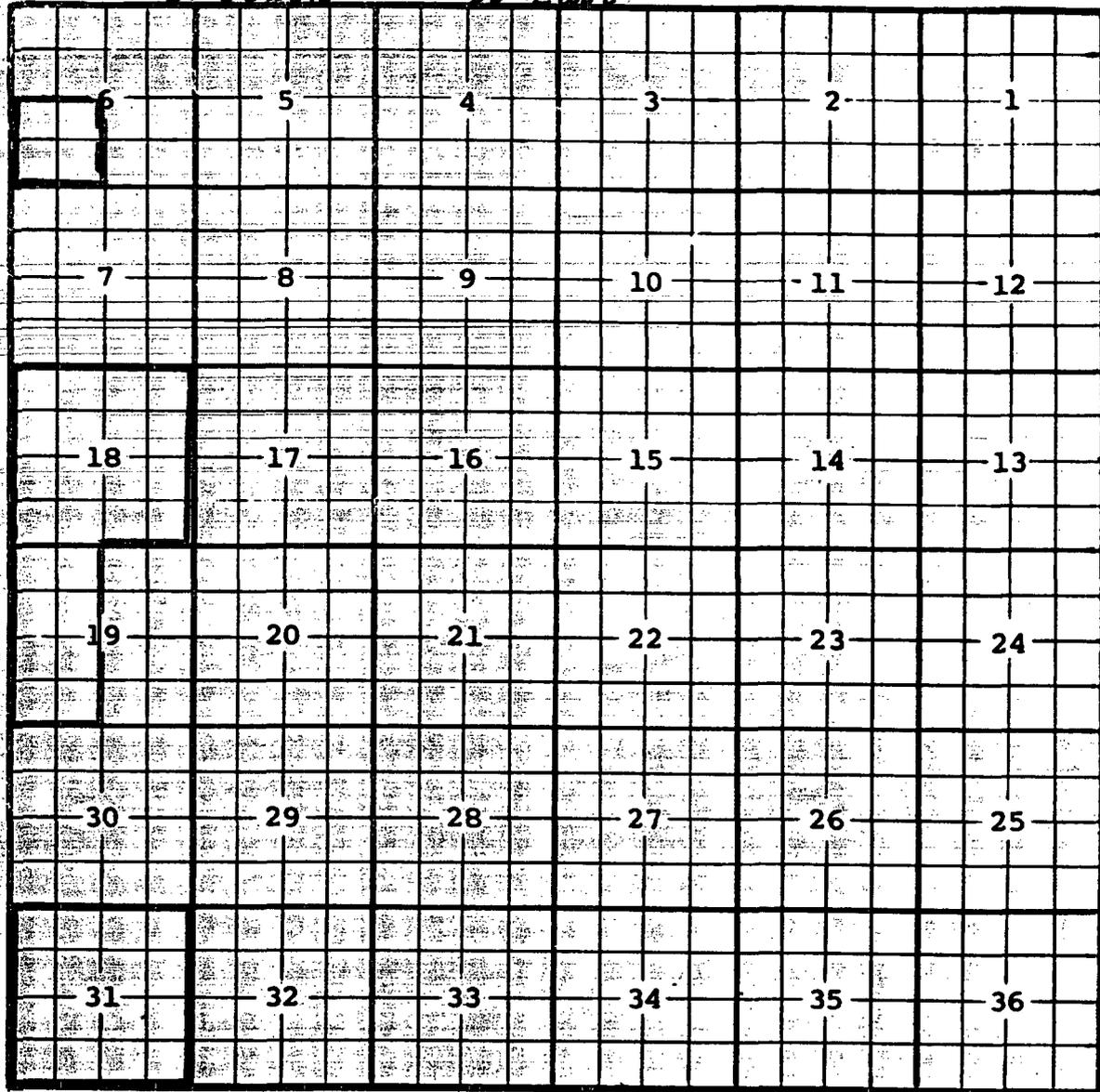


COUNTY Lea POOL Eumont Gas (Y-SR-Q)

TOWNSHIP 20-South RANGE 38-East NMPM



Description: ^{ER} All Sec. 31, (R-947, 1-31-57).
Ext: All Sec. 18; ^N/₂ Sec. 19 (R-3030, 2-1-66) Ext: ^{SW}/₄ Sec. 6 (R-10091, 3-28-94)

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

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

5. Lease Designation and Serial No.

LC 031670B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM NM 71041G

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

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) 686-5580

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	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>Renew TA Status</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.)*

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

J. E. LARA

Title

Patrolman Engineer

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

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

5. Lease Designation and Serial No.

LC 031670B

6. If Indian, Allonee or Tribe Name

7. If Unit or CA, Agreement Designation

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 & Gas

11. County or Parish, State

Lea, NM

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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracuring
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Renew TA Status</u>	<input type="checkbox"/> 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
PETER W. CHESTER
FEB 18 1999
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

APPROVED FOR — MONTH PERIOD
ENDING JAN 27 2000

14. I hereby certify that the foregoing is true and correct
Signed Bill R. Keathly Title 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.

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

5. Lease Designation and Serial No.

LC 031670B

6. If Indian, Allonee 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

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'

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracrunng
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Renew TA Status</u>	<input type="checkbox"/> Dispose Water

Note: Repon results of multiple completion w/dl 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

Signed

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

PETROLEUM ENGINEER

Date

FEB 08 1998

Approved by

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

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'

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 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 Renew TA Status
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracrunng
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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

JAN 27 9 45 AM '97
 RECEIVED

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**

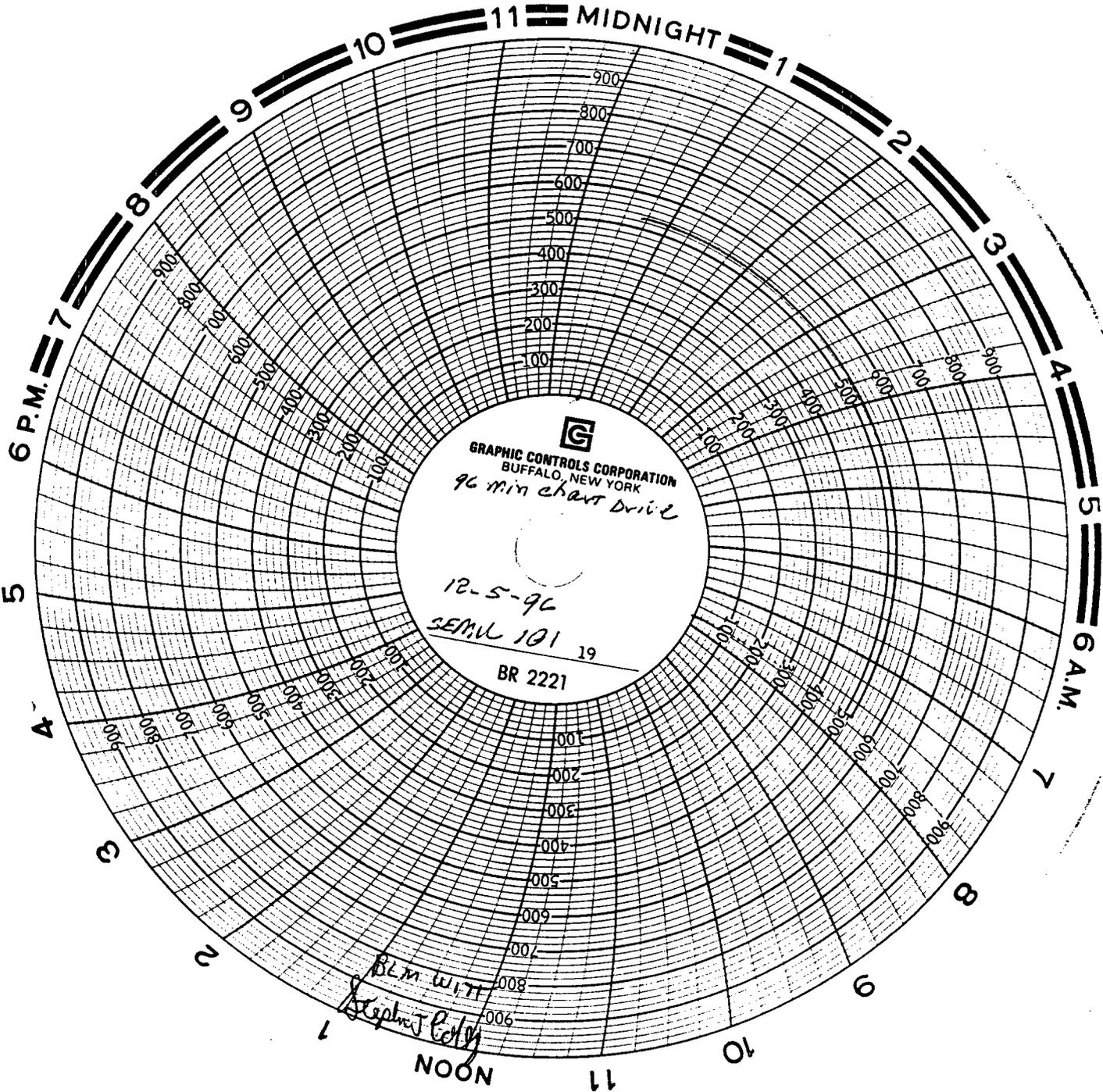
Date **JAN 27 1997**

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



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
96 min chart Drive

12-5-96
SERIAL 101 19
BR 2221

BLM WITT
Stephen J. Kelly
NOON

Form 3160-5
(June 1990)

CONSERVATION DIVISION
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.

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

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	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>Casing Integrity Test</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.)

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 26 PM '96
OIL AND GAS
AREA

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

Signed

[Signature]

Title

Sr. Conservation Coordinator

Date 9/11/96

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Title

PETROLEUM ENGINEER

Date 9/26/96

Approved by
Conditions of approval, if any:

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

RECONSTRUCTION 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.

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 20, ³⁸ 38, T-21S, R-36E, UNIT LTR 'K'
 660' FWL

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 # 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	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>TEMPORARY ABANDON</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 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 52 AM '94

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

Signed [Signature] 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:

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.

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

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

91 DEC 26 AM 10 19

5. Lease Designation and Serial No.
LC-031695A-031670

6. If Indian, Allocated or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

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

8. Well Name and No.

SEMU No. 101

9. API Well No.

30-025-26183

10. Field and Pool, or Exploratory Area

Blinbury 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
- 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 hold 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

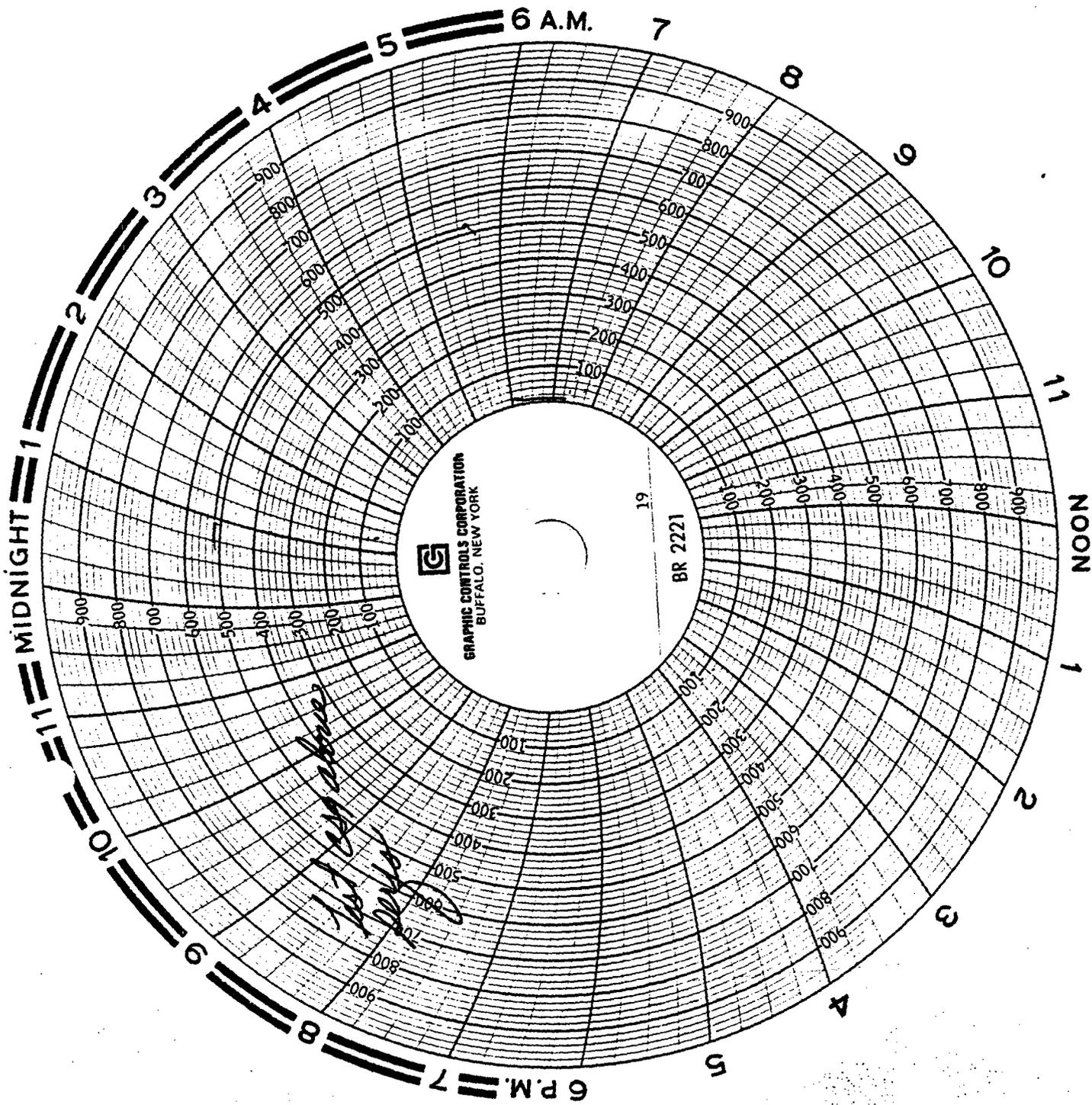
Date 11-25-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title RECEIVED

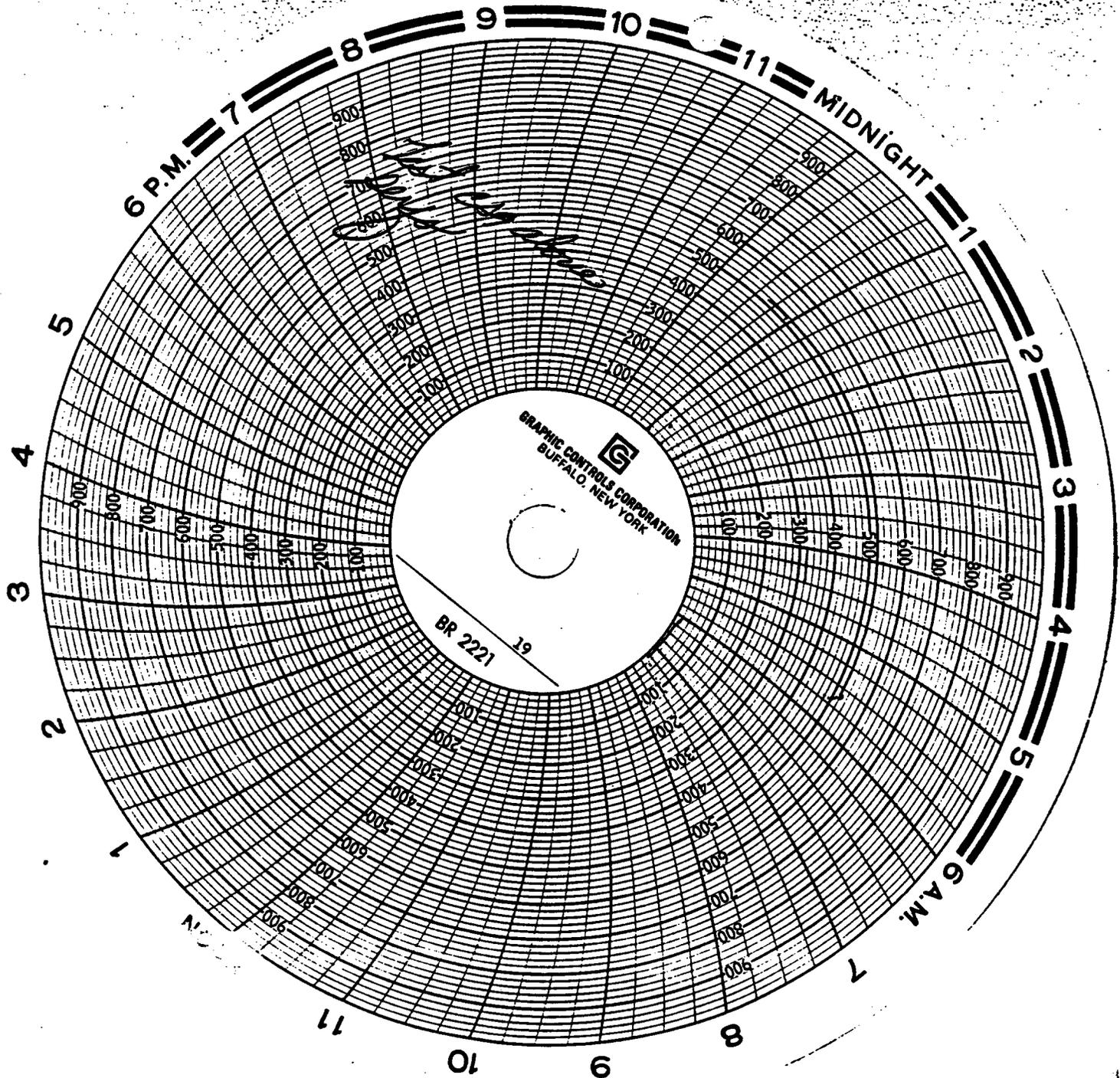
Date 12/20/91




GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

19
BR 2221

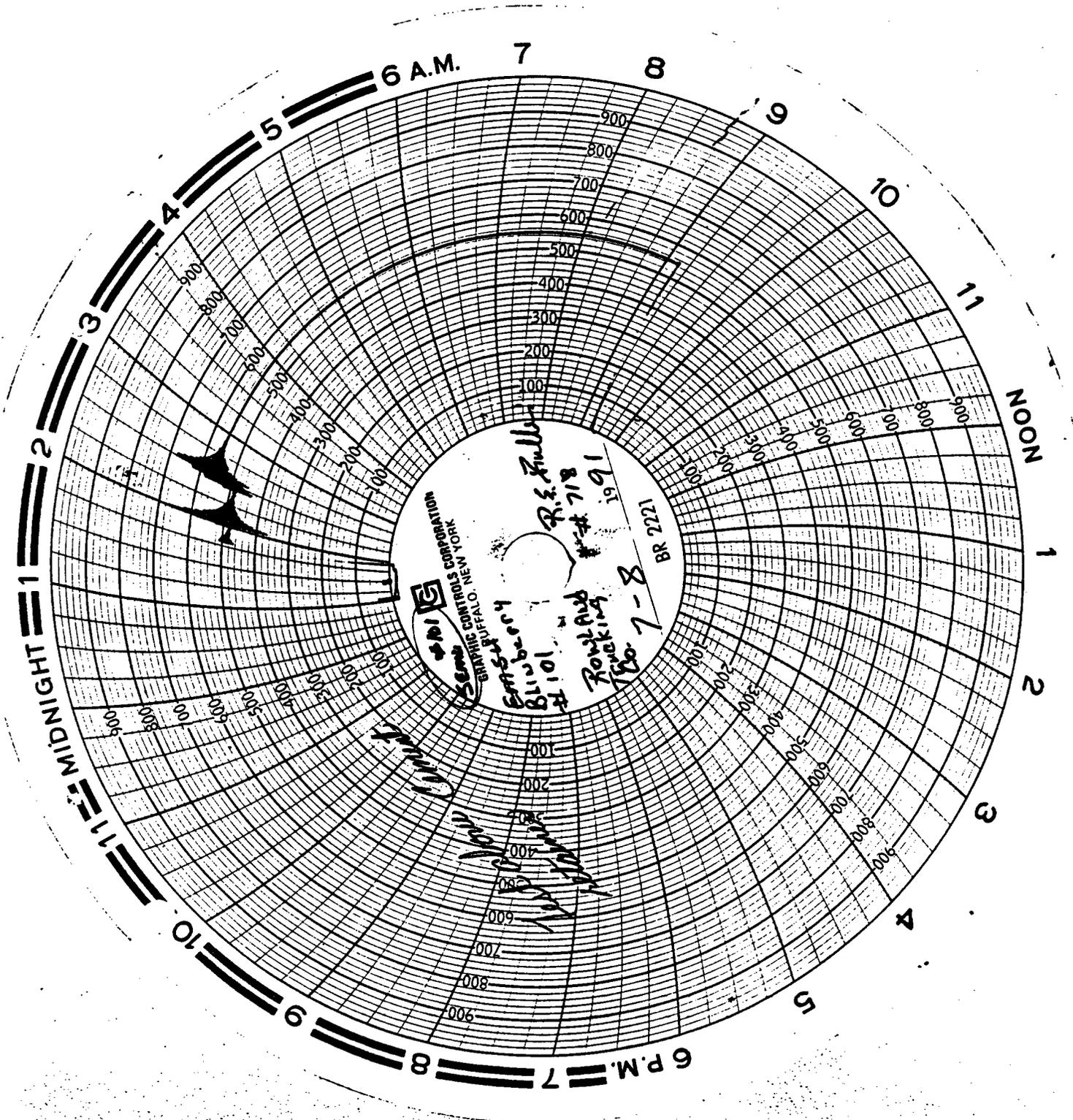
Just say what you mean
James



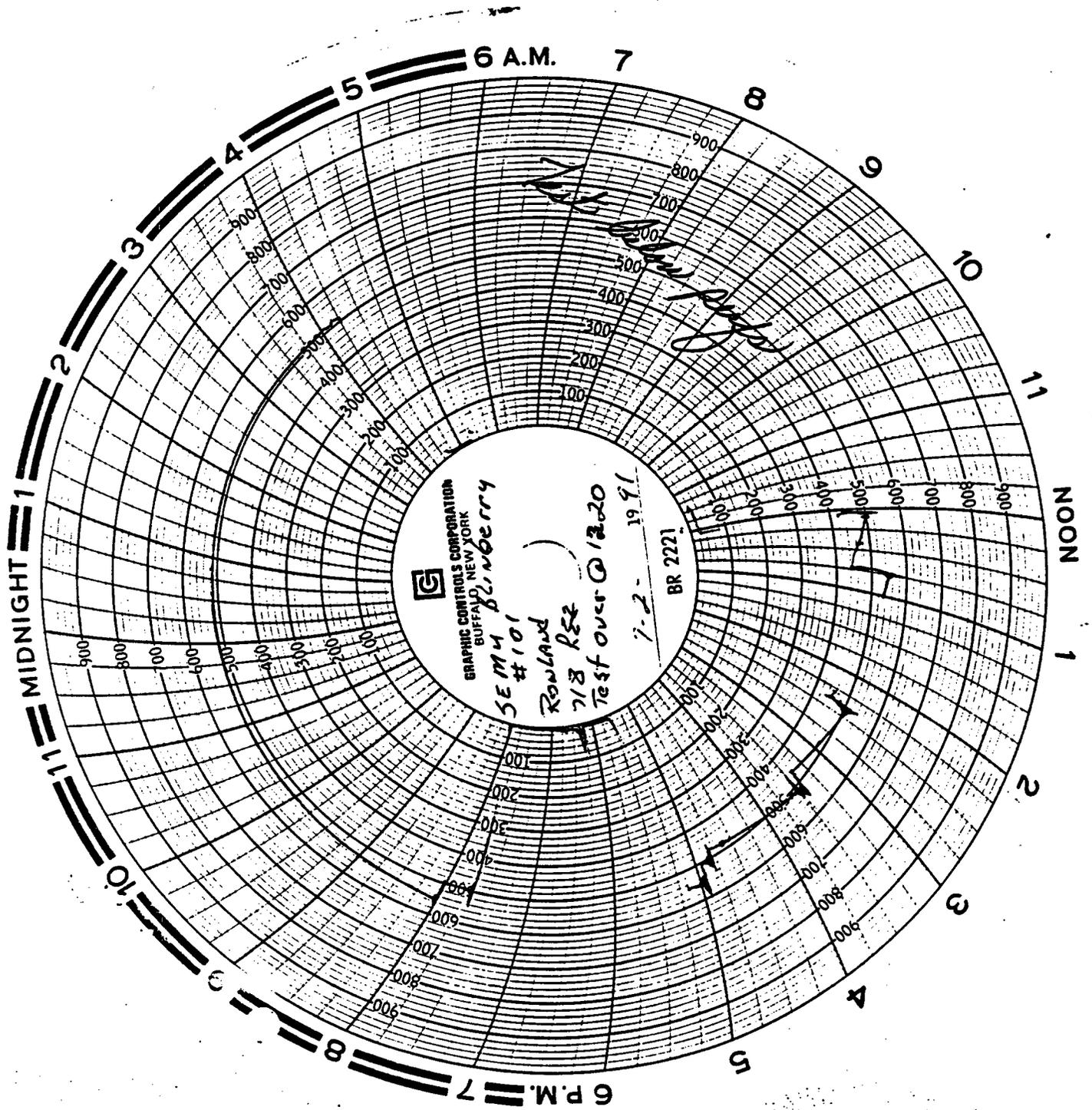
RECEIVED

DEC 13 1991

MAIL ROOM



T+A



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

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

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)

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

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

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

- 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~~ ^{Perform} by the following procedures:

1. Clean out to PBTD at ± 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 ± 5750' and set.

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

Signed

Joseph W. Hoover

Title

Sr. Conservation Coordinator

Date

6/14/91

(This space for Federal or State office use)

Original sent by Alaska Division

Approved by

Conditions of approval, if any:

Title

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**

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

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 Oil & Gas

11. County or Parish, State

Lee, New Mexico

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**

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 _____ Title _____ Date 11-16-90
Conditions of approval, if any:

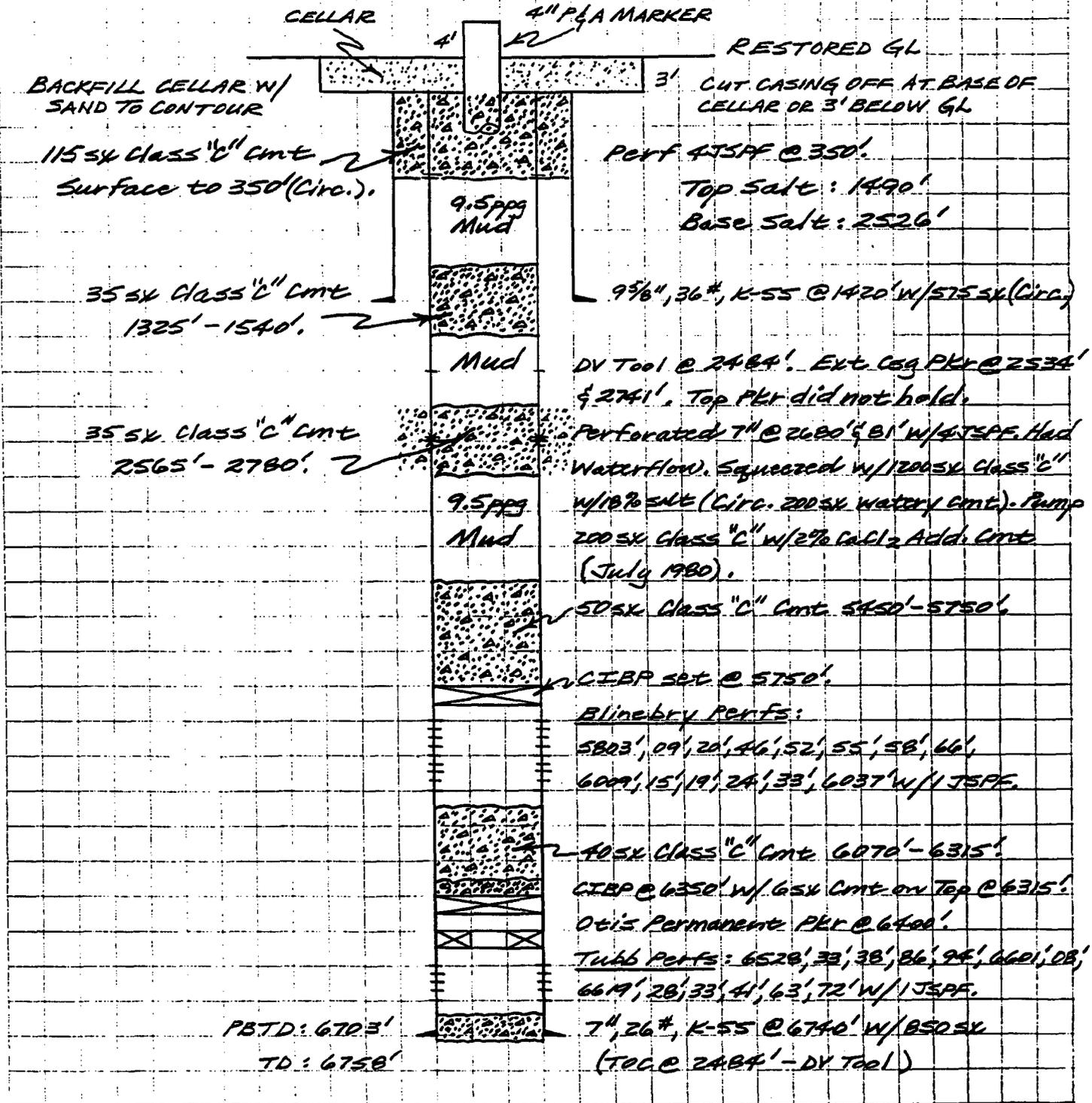
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM (6) Amoco (1) ARCO (1) CHEVRON (1) File (1)

SEMUR BLINEBRY No. 101

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

ELEVATION: 3546' DE
3535' GL



15 231 111 7-79

Made By **TCA**

Checked By

Date **9-11-90**

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

Conoco Inc.
Calculation Sheet

Title **~ Proposed P&A ~**

Job No.

Field **NMFL**

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.

CONSERVATION DIVISION
RECEIVED
OCT 15 AM 9 34

5. Lease Designation and Serial No.
10-031695A

6. If Indian, Allottee or Tribe Name

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 Blinberry #101

2. Name of Operator
Conoco Inc. (915) 686-6540

9. API Well No.
30-025-26183

3. Address and Telephone No.
10 Dosta Drive West Midland, TX 79705

10. Field and Pool, or Exploratory Area
Blinberry Oil & Gas

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit D, 660' FWL & 330' FWL
Sec. 29, T20S, R38E

11. Country or Parish, State
New Mexico

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 checked="" 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 type="checkbox"/> Other _____
	<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.)*

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

RECEIVED
OCT 19 11 26 AM '90
CARL...
AREA...
ERS

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 _____ Title _____ Date 11-6-90
Conditions of approval, if any:

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

**SEMU BLINEBRY NO. 101
PLUG AND ABANDON**

Summary: The following procedure is recommended to permanently plug and abandon SEMU Blinebry 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:

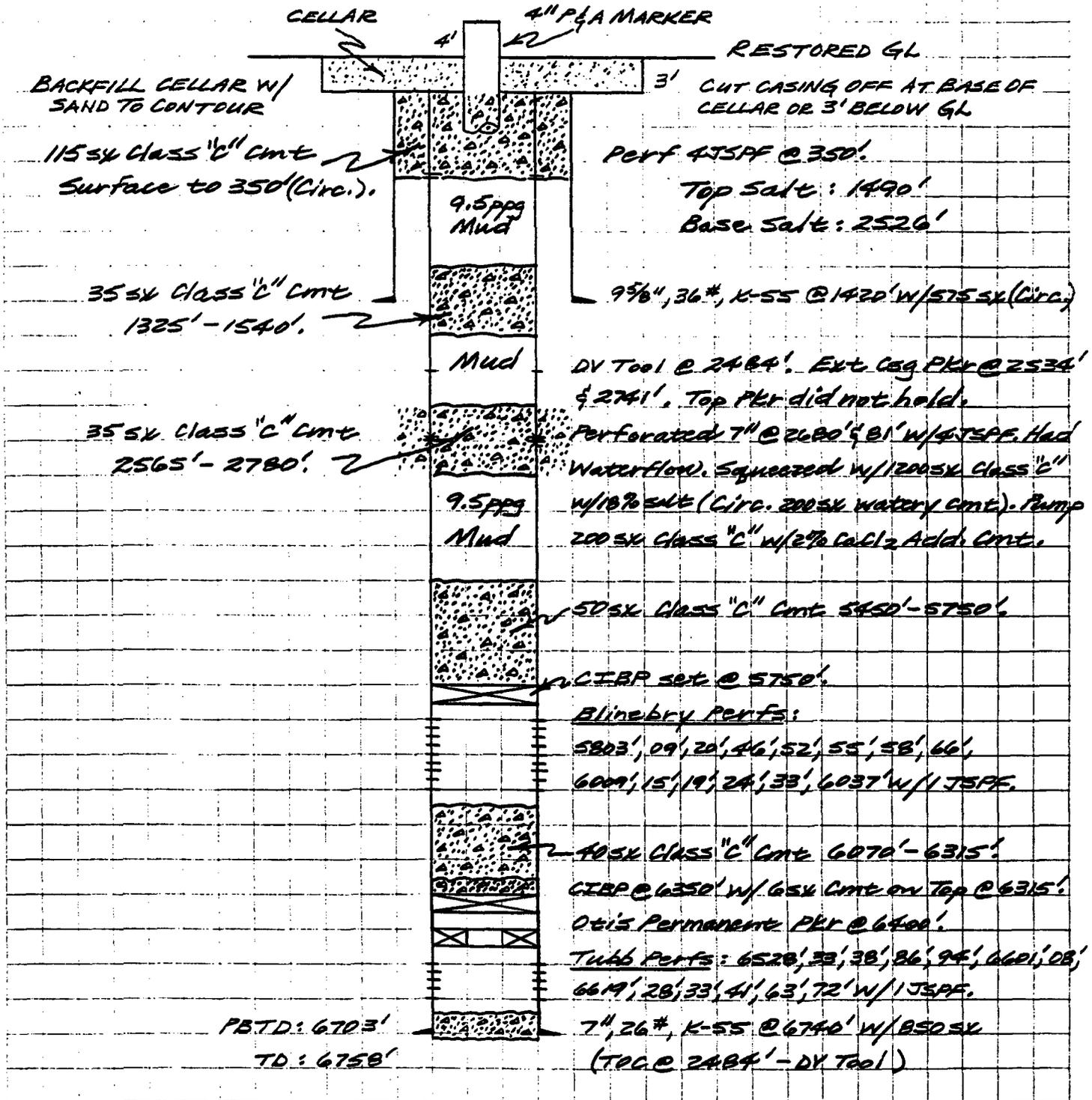
<u>Tom C. Gaddrell</u>	<u>9-24-90</u>
Engineering Technician	Date
<u>John F. Maffey</u>	<u>9/29/90</u>
Sr. Production Engineer	Date
<u>Paul C. Carter</u>	<u>10/5/90</u>
Supervising Production Engineer	Date
<u>John H. Bradley</u>	<u>10/7/90</u>
Division Engineering Manager	Date
<u>Dan S. Patton</u>	<u>10/8/90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

TCA\tk\SEM101.PRO

SEMU BLINEBRY No. 101

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

ELEVATION: 3546' DF
3535' GL



INZ 101 7/29

Made By **TCA**

Checked By

Date **9-11-90**

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

Conoco Inc.
Calculation Sheet

Job No.

~ Proposed P&A ~

Field **NMFU**

State **Lea County, NM**

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

4

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	

Operator
Conoco Inc.

Address
P. O. Box 460, 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 show lease is now being commingled
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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	LC-031670	Lease No. (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"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Tx 79702
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 <u>M</u> Sec. <u>20</u> Twp. <u>20S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When _____

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 volume 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 (psur, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

David L. Lucas
(Signature)

Administrative Supervisor

(Title)

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 deviated 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 V for changes of owner, well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each well in multiple copies.

NO. OF COPIES RECEIVED	
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SANTA FE	
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LAND OFFICER	
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, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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 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				

II. 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 Sec. Twp. Rge. Is gas actually connected? When
N 20 20 38	Yes

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'
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

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 (prior, 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 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** 19

BY *J. [Signature]*
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 deviated 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.

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, 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)



CIL CONSERVATION DIVISION

5. LEASE

LC 031670 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMLI

8. FARM OR LEASE NAME

SEMU 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 cnt. on CIBP. Perf'd from 2640' to 2681' w/ 8 perms. Squeezed w/ 1200 sk. class "C" cnt. Circ'd 200 sk. to surface. Circ'd cnt. was watery. Drilled out cnt. to 2692'. Had waterflow inside csg. Set pkr. @ 2382. Pumped in 200 sk. class "C" cnt. w/ additives. Pook d pkr. Tagged cnt. @ 2506'. Drilled out cnt. R1H w/ 2 3/8" tbg., set @ 6045'. Well tagged & plugged, 49 MCFPD on 8-4-80.



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 _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5
NAHU-4
FILE

COPY TO O.R.S.

Form 9-330
(Rev. 6-68)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. BOX 460 HOBBS, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 660
490 FNL 4 330' FNL
At top prod. interval reported below
At total depth same

5. LEASE DESIGNATION AND SERIAL NO.
LC 031670 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SEMU

8. FARM OR LEASE NAME
SEMU BLINERY

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. _____ DATE ISSUED _____
12. COUNTY OR PARISH LEA 13. STATE NM

15. DATE STUCCOED MAY 7-78 16. DATE T.D. REACHED _____ 17. DATE COMPL. (Ready to prod.) 8-3-80 18. ELEVATIONS (DF, REB, 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
NO CHANGE				

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<u>2 3/8"</u>	<u>6045'</u>	

31. PERFORATION RECORD (Interval, size and number)

INTERVAL (MD)	SIZE	NUMBER
<u>2680' - 2681'</u>	<u>8 5/8"</u>	<u>5</u>

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OIL CONSERVATION DIVISION
SANTA FE

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<u>2680' - 2681'</u>	<u>Used total of 1400 sq. class 2" amt. Circ'd 200sq.</u>

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
<u>8-4-80</u>	<u>Pumping</u>	<u>Producing</u>					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<u>8-4-80</u>	<u>24</u>	<u>-</u>	<u>→</u>	<u>18</u>	<u>49</u>	<u>12</u>	<u>2722</u>
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		<u>→</u>	<u>18</u>	<u>49</u>	<u>12</u>		

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 W. R. Butler TITLE ADMIN. SUPERVISOR DATE 8/19/80

4565-5
NMFV-4
FILE

*(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
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 <i>SEMUBlenchy</i>	Well No. <i>101</i>	Pool Name, Including Formation <i>Blenchy Oil & Gas</i>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. <i>LC 031670 b</i>
Location Unit Letter <i>D</i> : <i>660</i> Feet From The <i>North</i> Line and <i>330</i> Feet From The <i>West</i>				
Line of Section <i>29</i> Township <i>20-S</i> Range <i>38-E</i> , NMPM, <i>Lea</i> 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"/> <i>CONOCO INC Surface Transp</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. 2587 Hobbs NM</i>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Monument, NM</i>			
If well produces oil or liquids, give location of tanks.	Unit <i>F 29</i>	Sec. <i>20</i>	Twp. <i>38</i>	Rge. <i>38</i>
	Is gas actually connected? <i>yes</i>		When <i>5-21-79</i>	

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. Tier

(Signature)
Administrative Supervisor

(Title)
APR 16 1980
(Date)
OMOC(5), USGS(2), NMFCU(4), File

OIL CONSERVATION COMMISSION

APR 21 1980

APPROVED _____, 19____

BY *John W. Remyer*

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 zoned wells.

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	GAS
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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 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):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **SEMU Tab A** Well No.: **101** Pool Name, including Formation: **Warren Tank 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: **0** Unit: **18** Sec.: **20** Twp.: **38** Rge.: **no** Is gas actually connected? 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. Heir
(Signature)

Administrative Supervisor

(Title)

APR 6 1980

(NMOCD), 117MF (1), USGS (2), File

OIL CONSERVATION COMMISSION

APPROVED **APR 21 1980**, 19

BY *John W. Ramsey*

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 multiple

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
Conoco Inc.

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 990' FNL & 330' FNL

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
40

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

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
<u>NO CHANGE FROM PRESENT</u>				

It is proposed to plug back the Tubbs 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 [Signature] TITLE Admin. Supervisor DATE 3/18/80

(This space for Federal or State office use)

PERMIT NO. APPROVED APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: ACTING DISTRICT ENGINEER

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-123
Effective 1-1-65

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

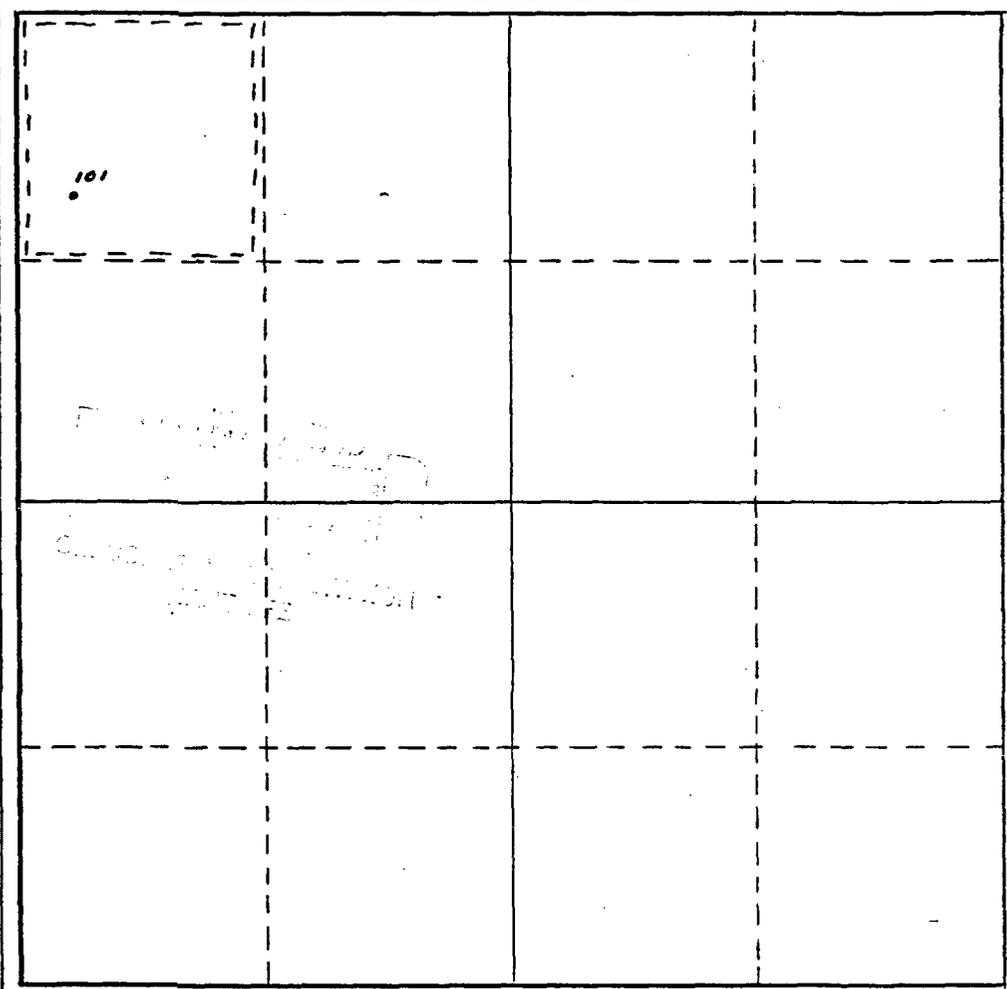
Operator <i>Conoco Inc.</i>		Lease <i>SEML Blinebry</i>			Well No. <i>101</i>
Unit Letter <i>D</i>	Section <i>29</i>	Township <i>20 South</i>	Range <i>38 East</i>	County <i>Lea</i>	
Actual Footage Location of Well: <i>990</i> feet from the <i>North</i> line and <i>330'</i> feet from the <i>West</i> line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

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

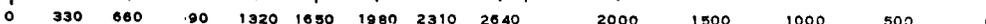
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain): To report connection for sale of casinghead gas.

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 & GAS</u>	Kind of Lease State, Federal or Fee <u>LC 031670(b)</u>	Lease No.
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>20.5</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"/> <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>MIDLAND, TEXAS</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)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
			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 Restv.	Diff. Restv.
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.

Em 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 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

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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

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

RECEIVED
JUL 20 1979
OIL CONSERVATION DIVISION
SANTA FE

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 Dry Gas
Change in Ownership Casinghead Gas 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 SEMU Tubb A Well No. 101 Pool Name, including Formation Warren Tubb Oil Kind of Lease State, Federal or Fee Lease No. 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 or Condensate Permian Corporation Address (Give address to which approved copy of this form is to be sent) Midland, TX
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) Monument, 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 _____

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 3-6-79 Date Compl. Ready to Prod. 4-20-79 Total Depth 6758' P.B.T.D. 6703'
Elevations (DF, RKB, RT, CR, etc.) 3535' GL Name of Producing Formation Tubb Top Oil/Gas Pay 6528' Tubing Depth 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 5-21-79 Date of Test 5-21-79 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs. Tubing Pressure NA Casing Pressure NA Choke Size NA
Actual Prod. During Test Oil-Bbls. 5 Water-Bbls. 10 Gas-MCF TSTM

GAS WELL Gravity 39.7
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
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.
Bruce A. Lee
(Signature)
Administrative Supervisor
(Title)
JUL 17 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUL 20 1979, 19 _____
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

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	4.6075	107.7430
6758	1	3.150	108.0580

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 JUL 9 4 1979
 OIL CONSERVATION DIVISION
 SANTA FE

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

Jessie L. M... ..

 Notary Public in and for the County
 of Lea, State of New Mexico

SEAL

NO. OF COPIES RECEIVED	
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U.S.G.S.	
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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) Request for final allowable for the month of July, 1979

**CASINGHEAD GAS MUST NOT BE
 FLARED AFTER
 UNLESS AN EXCEPTION TO R-1070
 IS OBTAINED.**

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 JUL 20 1979
 OIL CONSERVATION DIVISION
 SANTA FE

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>LC 0316706</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>

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	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>1420'</u>		<u>575 SK</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>6738'</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 D. 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) NMP (10) 1365(2) FILE

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 GAS WELL DRY Other _____
 b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

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' FWL**
 At top prod. interval reported below **SAME**
 At total depth **SAME**

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

LC 031670 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

BZMU Blinbery

9. WELL NO.

101

10. FIELD AND POOL, OR WILDCAT

Blinbery Oil & Gas

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

SEC. 29 T 20S R38E

12. COUNTY OR PARISH

LEA

13. STATE

NM

15. DATE SPUNDED **3-6-79** 16. DATE T.D. REACHED **3-1-79** 17. DATE COMPL. (Ready to prod.) **3-1-79** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **3535' GL** 19. ELEV. CASING HEAD _____

20. TOTAL DEPTH, MD & TVD **6758'** 21. BACK T.D., MD & TVD **6703'** 22. IF MULTIPLE COMPL., HOW MANY* **1** 23. INTERVALS DRILLED BY **Rotary** ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP & BOTTOM, NAME (MD AND TVD)* **5801'-6035' Blinbery Oil & Gas** 25. WAS DIRECTIONAL SURVEY MADE **YES**

26. TYPE ELECTRIC AND OTHER LOGS RUN **GR-CNL FDC DL-CAL** 27. WAS WELL CORED **No**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36 [#]	1420'	12 1/4"	575 ^{cu}	60 ^{cu}
7"	26 [#]	6738'	8 3/4"	850 ^{cu}	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	5999	6400'

31. PERFORATION RECORD (Interval, size and number)

5803', 09', 20', 46', 52', 55', 58', 66', 6009', 15'
19', 24', 33', 37' w/15PF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5803-6037	3100 gal TFW, 55000 [#] 20/40 sd.

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	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-21-79	24	NA	→	53	97	0	1830

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
NA	NA	→	53	97	0	38

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **sold** TEST WITNESSED BY **WDC/LES**

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. Butler** TITLE **Supervisor** DATE **5-29-79**

USGS 5
NMFU 4
FILE

*(See instructions and spaces for additional data on reverse side)

RECEIVED
JUN 7 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO
SANTA FE DIVISION

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.

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. 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.)

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. 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red beds	0	1405		Rustler	1405	
Anky.		1490		Salado	1490	
" " Salt		2526		Tansill	2526	
" " , Pof.		2679		Yates	2679	
Ss. " "		6685		Queen	3503	
" " "		TD		San Andres	4021	
				Glorieta	5329	
				Blineby Mks.	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 [checked] GAS WELL [] DRY [] Other []
b. TYPE OF COMPLETION: NEW WELL [checked] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []
2. NAME OF OPERATOR: CONTINENTAL OIL COMPANY
3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL: At surface 660' FNL + 330' FWL
At top prod. interval reported below same
At total depth same

5. LEASE DESIGNATION AND SERIAL NO. LC 031670 b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME SEMU
8. FARM OR LEASE NAME SEMU Blinbery
WELL NO. 101
10. FIELD AND POOL, OR WILDCAT Warren Tubb Oil
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 29 T209 R38C
12. COUNTY OR PARISH Lea
13. STATE NM

RECEIVED JUN 1 1979 U.S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

14. PERMIT NO. DATE ISSUED
15. DATE SPUNDED 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 DRILLED BY
23. INTERVALS DRILLED BY
24. PRODUCING INTERVAL(S) OF THIS COMPLETION - TOP, BOTTOM, NAME (AND TVD) 6527'-6673' Warren Tubb Oil
25. WAS DIRECTIONAL SURVEY MADE
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CNL-DC DLL CAL
27. WAS WELL CORED No

RECEIVED JUN 7 - 1979 OIL CONSERVATION DIVISION SANTA FE

28. CASING RECORD (Report all strings set in well)
Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED

29. LINER RECORD and 30. TUBING RECORD
Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
6528', 33', 38', 86', 94', 6601', 08', 19', 28', 33', 41', 61', 72' w/ LSPC
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION
Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N. FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
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 [Signature] TITLE [Administrative Supervisor] DATE 5-29-79

USGS 5
NMU 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.

Redbeds
Anhy. or
" " Salt
Dolo., Anhy.
" " Ss.
" "

1405
1490
2526
2679
6685
TD

0

38. GEOLOGIC MARKERS

TOP

MEAS. DEPTH

NAME

TRUB VEERT. DEPTH

Rustler	1405
Salado	1490
Tansill	2526
Yates	2679
Queen	3503
San Andres	4021
Glorieta	5329
Blmebyr MKV.	5842
Tubb	6360
Drinkard	6685

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
CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 882.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 330' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC031670-6

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SEMU

8. FARM OR LEASE NAME
SEMU BLINABRY

9. WELL NO.
101

10. FIELD OR WILDCAT NAME
Blinabry + Tubb

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 29 T 20S R 39E

12. COUNTY OR PARISH
LEA

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3527.1' GR

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) set 7" prod csg

RECEIVED

MAR 30 1979

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

3-19 Drilled to 6758' TD. circ hole, prep to log.

3-22 Ran 7" csg as follows:

FS, SJ, FC, 95jts 26", ECP, 5jts 26", ECP, 1jt 26", DV tool,
61jts 26". (TOTAL 163 jts) set @ 6758' KB, 6727' GL

FC @ 6697' KB

ECP @ 2741' KB & 2531' KB

DV TOOL @ 2484' KB

GMT. 1st stage as follows:

450sx Class Cement addit.

400sx

open DV tool.

ECP. not holding.

3-23

circ. DV tool 11 hrs. while waiting on orders.
Close DV tool, set slips, nipple dv. Bal. rig.
leave well plug thru csg - csg annulus.

3-24

w.o. completion

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED John A. Butterfield TITLE _____ DATE 3-29-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS 5
NMFU 4
File

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
MAR 30 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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
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' PWD
AT TOP PROD. INTERVAL: 660/N 330/W
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) 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 9 5/8" surf csq. as follows.
GS, SJ, FC, 32 jts 9 5/8", 36"
K-55, STIC set @ 1420' KB.
cmtd w/ 275 ex Class "C" cmt.
tail'd in w/ 300 ex Class "C" cmt.
circ. 60 ex 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 _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

4565 5
NMFU 4
FILE

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 Blinbry

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 | 13. STATE
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)
OIL CONSERVATION DIVISION
SANTA FE
MAR 19 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD
DATE
MAR 19 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on
reverse side)

30-025-26183
LC 031670 (8)

5. LEASE DESIGNATION AND SERIAL NO.

~~AB 051695 (a)~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEH 76

8. FARM OR LEASE NAME

SEH U. Burger B

9. WELL NO.

101

10. FIELD AND FOOT OR WILDCAT

Wagon 3 T

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

SEC 29 T-205 R-388

12. COUNTY OR PARISH

Lea N.M.

13. STATE

40

20. ROTARY OR CABLE TOOLS

rotary

22. APPROX. DATE WORK WILL START*

2-7-79

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 660'
At proposed prod. zone 370' } 330' FWL
Same

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

16. 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
6740

20. ROTARY OR CABLE TOOLS

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

35271' GR

23. 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 cu CIRCULATE
8 3/4"	7"	23#, 26#	6740'	1500 cu

It is proposed to drill a straight hole to a TD of 6740' and complete as a dual oil well in the Blinney & 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 Ben 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
NMBU 4
file
JFB Release

*See Instructions On Reverse Side

APPROVED AS AMENDED
DEC 22 1978
ACTING DISTRICT ENGINEER

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

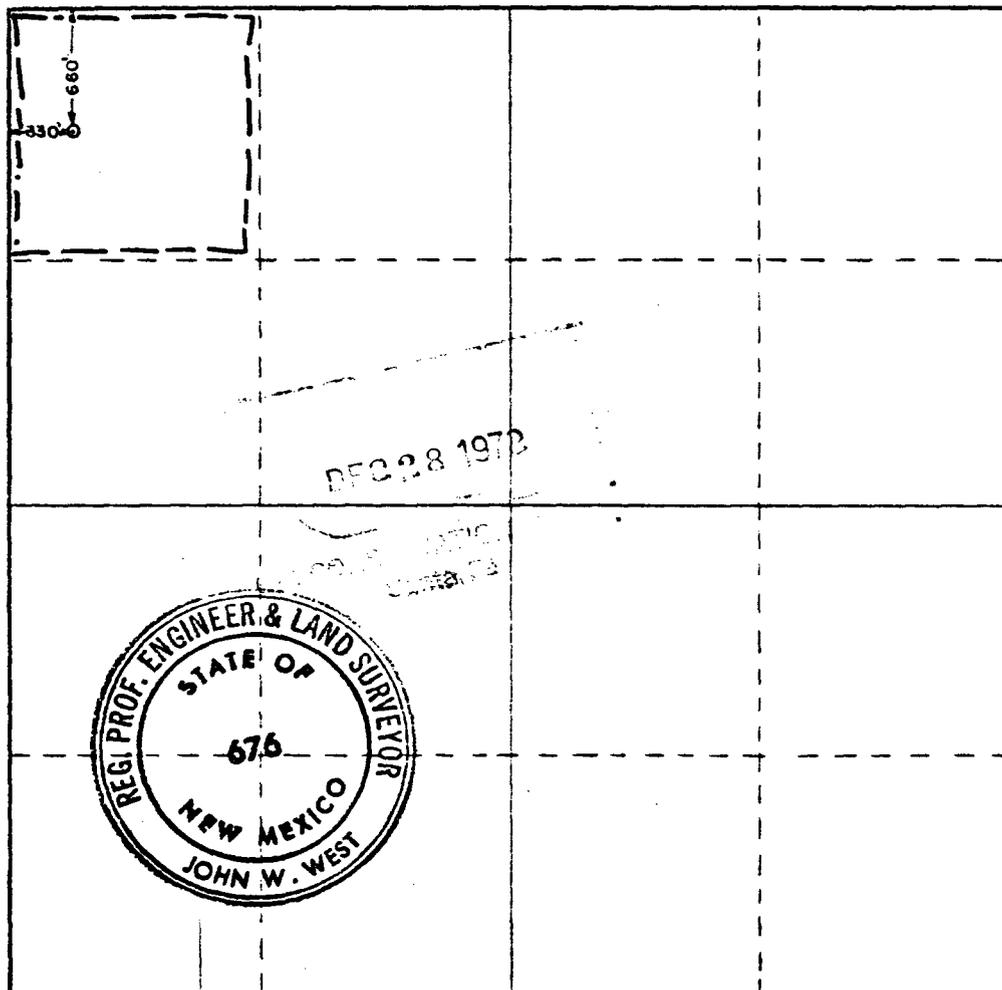
Operator Continental Oil Co.		Lease SEMU Burger "B"			Well No. 101
Tract Letter D	Section 29	Township 20 South	Range 38 East	County Lea	
Actual Spud Location of Well: 660 feet from the North line and 330 feet from the West line					
Ground Level Elev. 3527.1	Producing Formation Blinley 3 Sub		Pool W. Warren VSE W. Warren T-111	Dedicated Acreage: 40 Acres	

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

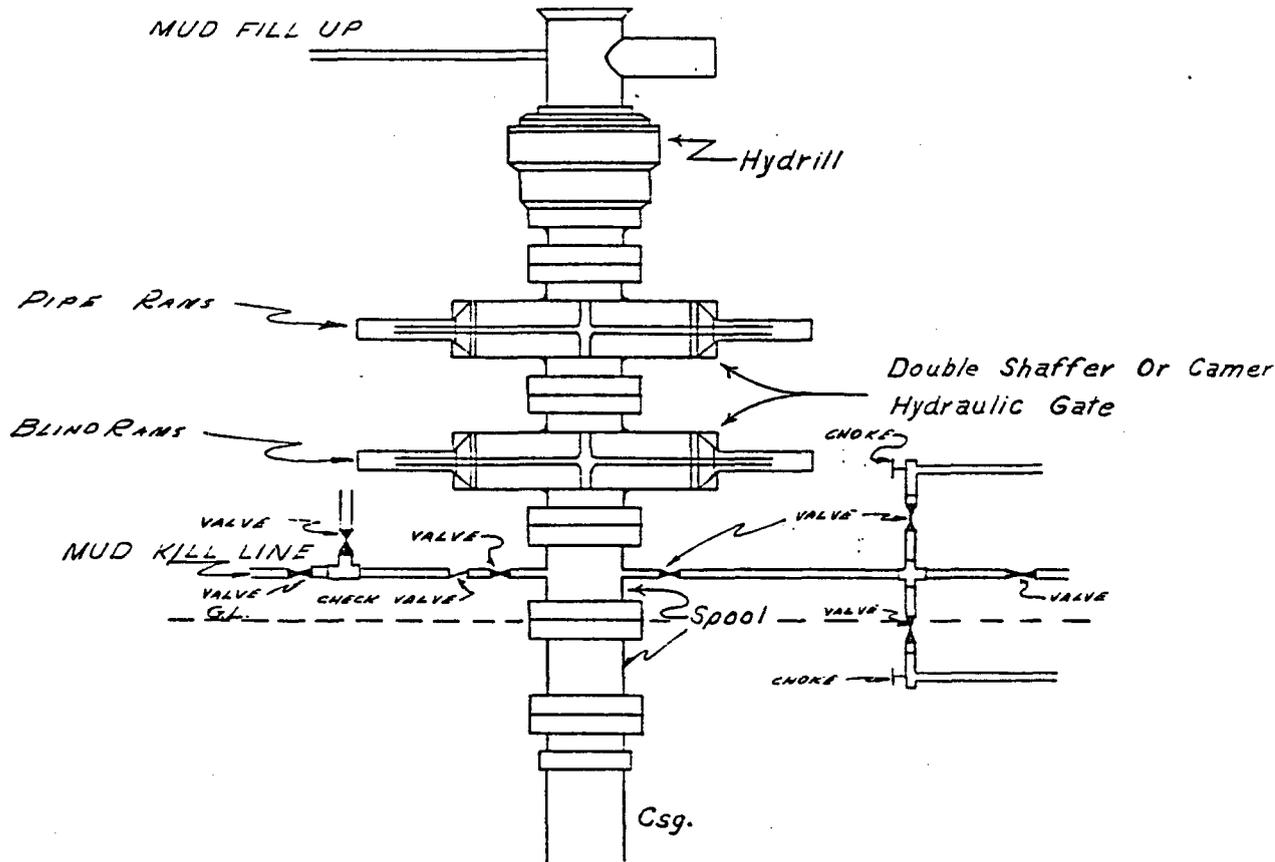
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

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

John W. West

Certificate No. **John W. West 676**
Ronald J. Eidsen 3239

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.