

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078147
2. Name of Operator CONOCO INC.		6. If Indian, Allottee or Tribe Name
Contact: YOLANDA PEREZ E-Mail: yolanda.perez@usa.conoco.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P. O. BOX 2197, DU 3084 HOUSTON, TX 77252-2197	3b. Phone No. (include area code) Ph: 281.293.1613 Fx: 281.293.5090	8. Well Name and No. MOORE LS 7B
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T32N R12W NWNE 745FNL 1960FEL		9. API Well No. 30-045-30582
		10. Field and Pool, or Exploratory BLANCO MESAVERDE/BASIN DAKO
		11. County or Parish, and State SAN JUAN COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) 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"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

The intermediate casing will be eliminated on the above mentioned well. Well will be mud drilled.  
Please see attached revised cementing procedure and drilling program.

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

Electronic Submission #9936 verified by the BLM Well Information System  
For CONOCO INC., sent to the Farmington

Name (Printed/Typed) YOLANDA PEREZ

Title COORDINATOR

Signature

(Electronic Submission)

Date 01/03/2002

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

# DRILLING PROGRAM - MOORE LS 7B



Well: MOORE LS 7B		Area: COLORADO CO		AFE #s: None Assigned		AFE \$: 463364.09	
Field Name NORTH		Rig: Key 49		State: NM		County: San Juan	
API # 3004530582							
Surface Elevation:							
Lat.:	Long:	Footage X:	Footage Y:	Sec.:	Survey:	Abstract:	
EPA (Emergency Response Area):							
Lat:		Long:					

Formation Data : Ground Level = 6475 FT Assume KB = 6475 FT

Formation Call & Casing Points	Depth (TVD In Ft)	BHP (PSIG)	BHT	Remarks
Surface Casing	500			Drill 12 1/4" hole. Severe lost circulation is possible. 9 5/8", 36 ppf, J-55, STC casing. Circulate cement to surface.
OJAM	1521			Possible water flows
KRLD	1797			
FRLD	2325			Possible gas
PCCF	2995			
CLFH	4765	600		Gas; possibly wet
MENF	4850	1200		Gas
PTLK	5287	600		Gas
MNCS	5666			
GLLP	6671			
GRHN	7387			Gas possible, highly fractured
GRRS	7443			
TWLS	7495			Gas
PAGU	7577			Gas
CBBO	7620			Gas
Total Depth	7873	3150		Drill 7 7/8" hole. Run and cement 5 1/2", 17 ppf, L-80, STC casing. Circulate cement a minimum of 100' inside the previous casing string.

Logging Section	
Intermediate Logs:	<input type="checkbox"/> Log only if show <input type="checkbox"/> GR / ILD <input type="checkbox"/> Triple Combo
TD Logs:	<input checked="" type="checkbox"/> Triple Combo <input type="checkbox"/> Dipmeter <input type="checkbox"/> RFT <input type="checkbox"/> Sonic <input type="checkbox"/> VSP <input type="checkbox"/> TDT
Additional Information:	
Comments	

MUD PROGRAM	From	To	Mud Type	Wt	Vis	% LCM	YP	Gels	FL	% Solids	pH
	0	SCP	Fresh water	8.6 - 9.0	40 - 45	0	16 - 20	10/20	~	1 - 2	~
	SCP	*	Fresh Water	8.4	~	~	~	~	~	~	~
	*	TWLS	Gel/Chem	9.5	32 - 35	0	12 - 14	5/12	<10	2 - 5	9.5 - 10
	TWLS	TD	Gel/Chem	9.5	50 - 55	0	14 - 16	8/16	<10	2 - 5	10
	CSG	CMT	Gel/Chem	9.5	40 - 45	0	8 - 10	5, 10, 20	<10	2 - 5	10

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