

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



1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF-078118
2. Name of Operator CONOCO INC.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 2197 DU 3066 HOUSTON, TX 77252		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 970.385.9100 Ext: 125 Fx: 970.385.9107		8. Well Name and No. HUBBARD LS 02B
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T32N R11W Mer SESW		9. API Well No. 30-045-30585
		10. Field and Pool, or Exploratory BLANCO MESAVERDE
		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 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 checked="" 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	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 recompleat 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.)

CASING HAS BEEN SET. PLEASE SEE ATTACHED FOR WELLBORE SCHEMATIC AS PROVIDED BY CONOCO.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #5589 verified by the BLM Well Information System For CONOCO INC., sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 07/16/2001 ()	
Name (Printed/Typed) DEBRA SITTNER	Title AUTHORIZED REPRESENTATIVE
Signature	Date 07/10/2001

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.

ACCEPTED FOR RECORD

** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL **

1192001

NMOCD

OFFICE



END OF WELL SCHEMATIC



Well Name: HUBBARD LS 2B
API #: 30-045-30585

Spud Date: 06-Jun-01

Rig Release Date: 13-Jun-01

7 1/16" 5M x 2 1/16" Tree Adapter/Cap
11" 3M x 7 1/16" 5M Tubing Head
11" 3M x 11" 3M Casing Spool
9-5/8" 8 RD x 11" 3M Casing Head

Surface Casing Date set: 06/07/01
Size 9 2/3 in
Set at 310 ft # Jnts: 7
Wt. 36 ppf Grade J-55
Hole Size 12 1/4 in
Wash Out 100 %
Est. T.O.C. 0 ft

☒ New
☐ Used

Cement Date cmt'd: 06/07/2001
Lead: 141 SX TYPE III, 2% CACL+ 0.25
PPS CELLO FLAKE
Tail: _____
Displacement vol. & fluid: WATER
Bumped Plug at: 7:30
Pressure Plug bumped: 400
Returns during job: 100%
Returns to surface: 10 BBLS
Floats Held: Yes No
W.O.C. for 14 hrs (plug bump to drlg cm)

Intermediate Casing Date set: 10/01/08
Size 7 in
Set at 3197 ft # Jnts: 76
Wt. 20 ppf Grade J-55
Hole Size 8 3/4 in
Wash Out ? %
Est. T.O.C. 630 ft

☒ New
☐ Used

Cement Date cmt'd: 06/10/2001
Lead: 434 SX PREM. LITE+2% CACL+
0.25 PPS CELLO FLAKE+ 8% GEL
: 81 SX TYPE III+ 2% CACL+0.25 P
CELLO FLAKE.
Displacement vol. & fluid: WATER
Bumped Plug at: DI D NOT BUMP
Pressure Plug bumped: _____
Returns during job: ST @ 80% OF RE
Returns to surface: NO
Floats Held: X Yes No
W.O.C. for 24 hrs (plug bump to drlg cm)

Production Casing Date set: 06/13/01
Size 4 1/2 in
Wt. 10.5 ppf Grade J-55 from 0 to 5820 ft
Wt. _____ ppf Grade _____ from _____ to _____ ft
Hole Size 6 1/4 in
Wash Out: ? %
Est. T.O.C. 2000 ft
Marker jnt @ 4531 ft

☒ New
☐ Used

Cement Date cmt'd: 06/13/2001
Lead: SEE COMMENTS
Displacement vol. & fluid: 2 % KCL WATER
Bumped Plug at: 12:40
Pressure Plug bumped: 1145
Returns during job: Y
Returns to surface: N
Floats Held: X Yes No

Csg Shoe 5820 ft

Mud Wt. @ TD 0 ppg

TD 5,825 ft

COMMENTS:

Surface: CIRC 10 BBLS CMT TO SURFACE.

Intermediate: LOST CIRCULATION DURING DISPLACEMENT @ 80% OF CALCULATED DISPLACEMENT. RAN TEMP. SURVEY
& FOUND TOP OF CEMENT @ 630'. NMOCD PERMITTED DRILLING AHEAD.

Production: LEAD: 92 SX (35%65) POZ TYPE III,+10% CSE+.25 R3+.25 PPS CELLO FLAKE+.4% FL25+6% GEL+.4% PHENO SEAL
TAIL: 133 SX (35:65) POZ TYPE III+10% CSE+.1 % R3+.25 PPS CELLO FLAKE+.3% CD32+1% FL52+6% GEL+.4%
PHENO SEAL.

CENTRALIZERS:

Surface: 1,3,5,7

Intermediate: 5,9,13,17,21,23,27,31,35,39,43,47,51,55,59,61,65,69,73

Production: 1,3,7,11,15,19,23,27,31,35,39,43,47,51,55,59,63,67,71,75

Total: 4

Total: 20

Total: 20