N.M. Oil Cr 3. Division 1625 N. French Dr.

Hobbs, NM 88240

Form 3 160-5

UNITED STATES

FORM APPROVED

(June 1990)	DEPARTMEN BUREAU OF I	Budget Bureau No. 1004-0135 Expires: March 3 1,1993 5. Lease Designation and Seriai No.			
			LC 031670A		
Do not use th	his form for proposals to dr	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir. OR PERMIT—" for such proposals	6 If Indian, Allonee or Tribe Name		
	SUBMIT	IN TRIPLICA TE	7. If Unit or CA, Agreement Designation		
1. Type of Well Oil Well 2. Name of Operator	Gas Other CONOCO INC		8. Well Name and No. SEMU Burger B # 126		
	CONOCO INC.	9. API Well No.			
3. Address and Telep	phone No.		30-025-34127		
10 DESTA	DR. STE. 100W, MIDLAND), TX. 79705-4500 (915) 686-5424	10. Field and Pool, or Exploratory Area		
4. Location of Well	(Footage, Sec., T. R. M. or Survey De		Monument Tubb		
	Section 19 1310' F	11. County or Parish, State			
			Lea Co., NM		
ın CHE	CK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA		
TYPE	E OF SUBMISSION	TYPE OF ACTION			
□ s	otice of Intent ubsequent Repon inal Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other	Change of Plans New Construction Non-Routine Fracrunng Water Shut-Off Conversion to Injection Dispose Water INole: Reponresults of multiplecompition on Wall Completion or Recompletion Report and Log form.)		
13. Describe Proposed give subsurfa	or Completed Operations (Clearly state ai ace locations and measured and true vertices	l pertinent details, and give pertinent dates, including estimated date of starting cal depths for all markers and zones pertinent to this work.)*	any proposed work. If well is directionally drilled,		
 MIRU and RU e-line Perforate Fracture s 	proposes to recomplete this we d Pull production equipment and set RBP at 6700' to isolate the Tubb from 6350-6550' stimulate the Tubb interval production equipment and put	·			

*** Non-standard Location Order # 3854

	Kay Maddox -Regulatory Agent	Date	January 12, 2000
(This space for Federai or State office use (ORIG. SGD.) ALEXIS C. SWOBODA		Date	JAN 2 0 2000
Approved by Title	PETROLEUM ENGINEER	Date	THA CA TOOK

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM





District 1 PO Box 1980, Hobbs. NM 88241-198 State of New Mexico Energy, Minerals & Natural Resources Department

Revised February 21, 1994 instructions on back

District II PO Drawer DD, Artesia, NM 88211-071 District III 1000 Rio Brazos Rd. Aztec, NM 8741

PO Box 2088, Santa Fe. NM 87504-208

District IV

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

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

___ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	2 Pool Code	3 Pool Name				
30-025-3412	47090	Monument Tubb				
4 Property Code	5 Property Name 6 Well Nu					
3078	SEMU Burger B # 126					
7 OGRID No.	8 Operator Name 9 Elevation					
005073	Conoco Inc., 10 Desta Drive, Ste. 100W, Midland, TX 79705-4500 3535'					

10 Surface Location

					10 Sullace	Location			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	19	20S	38E	! !	1310	South	1120	West	Lea
			11 Bo	ttom Ho	le Location I	f Different Fro	om Surface		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
				1					
2 Dedicated Acre	s 13 Join	t or Infil 14	Consolidation	on Code 15	Order No.			L	
80			N/SL Order # 3854						

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

OR A NON-STANDARD UN	IT HAS BEEN APPROVED BY THE DIVISION
16	17 OPERATOR CERTIFICATION
	I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
	May Madder
	Signature Kay Maddox
	Printed Name
	Regulatory Agent
	January 12, 2000
	Date
	18 SURVEYOR CERTIFICATION
	I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me
	or under my supervision, and that the same is true and
	correct to the best of my belief.
	Date of Survey
0	Signature and Seal of Professional Surveyor:
1120'	
▋ ■	
310,	
	Continue Number
<u> </u>	Certificate Number

