

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.
LC031696A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SEMU

8. Well Name and No.

Well # 136

9. API Well No.

30-025-34667

10. Field and Pool, or Exploratory Area

North Hardy Tubb Drinkard

11. County or Parish, State

Lea, N.M.

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other **Injection**

2. Name of Operator

Conoco, Inc.

3. Address and Telephone No.

10 Desta Drive Ste. 100W, Midland, Tx. 79705-4500 (915) 686-5580/684-6381

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

**1980' FSL & 1090' FWL
Sec 25, T20S, R37E**

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

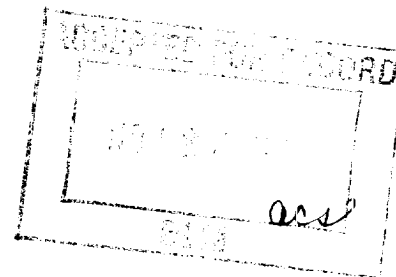
TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <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 Surface Commingling | <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.)*

Please see attached correspondence pertaining to the recompletion and subsequent surface commingling for the SEMU, Well #136.



PLC-158

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

Signed *[Signature]*
(This space for Federal or State office use)

Ann E. Ritchie
Regulatory Agent

Date **November 16, 1999**

Approved by _____ Title _____
Conditions of approval if any: _____

Date **DEC - 8 1999**

BLM(6)

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.



RECEIVED
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ROSMELLE, NM