geren en Versen en e	N.M. Oil Cons. Division 1625 N. French Dr.	
	ITED STATES Hobbs, NM 88240 NT OF THE INTERIOR LANDMANAGEMENT	FORMAPPROVED Budget Bureau No. 1004-0135 Expires: March 3 1, 1993 5. Lease Designation and Serial No.
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 031620A 6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICA TE		7. If Unit or CA, Agreement Designation
1. Type of Well Oil Oile Weat Other Injection Well 2. Name of Operator ConocoPhillips Co. 3. Address and Telephone No. 4001 Penbrook, Odessa, TX 79762 (915) 368-1371		8. Well Name and No. SEMU Permian #14 9. API Well No. 30-025-06256 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage. Sec., T. R. M. or Survey Description) 1980' FSL & 660' FEL, SEC. 24, T20S, R37E, I CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR		Skaggs Grayburg 11. County or Parish, State Lea, NM RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandorment Recompletion Plugging Back Casing Repair	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection

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.)*

Dispose Water

Note: Report results of multiple completion on Well

ConocoPhillips requests renewal approval of Temporary Abandonment status for the above referenced well. A new, valid MIT was run on 3/11/03 and the chart is attached.

We wish to retain this wellbore while we continue to evaluate for possible recompletion potential in the Queen and Seven Rivers. This evaluation should be completed within the next 18-24 months.

	TA Approved For 12 Month Peri Ending 3/11/04	
14. I hereby certify that the foregoing is true and connect Signed Antify Di Ward	Kristy S. Ward Title Regulatory Assistant	
(This space for Federal or State office use) Approved by Conditions of approval if any: BLM(6), NMOCDN, SHEAR, PROD ACCTG, COST ASS	ARA	▼_ <u>¬</u> <u>¬</u> <u>¬</u> <u>¬</u> <u>¬</u> <u>−</u> <u>5</u> <u>/</u> <u>8</u> <u>/</u> <u>0</u> .3
Title 18 U.S.C. Section 1001, makes it a crime for any person knowin or representations as to any matter within its jurisdiction.	ngly and willfully to make to any department or agency of the Un	ited States any false, fictitious or fraudulent statements

