

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

SUBMIT IN TRIPLICATE

| | |
|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. LC 031620A |
| 2. Name of Operator CONOCO INC. | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Sec 24, T20S, R37E, Unit Letter E 2490' FSL, 1310' FEL | 8. Well Name and No. SEMU, Well #128 |
| | 9. API Well No. 30 025 34313 |
| | 10. Field and Pool, or Exploratory Area North Hardy Warren Tubb Gas Drinkard |
| | 11. County or Parish, State Lea County, NM |

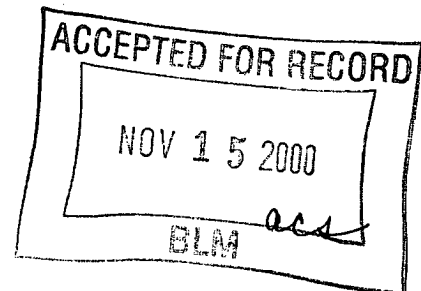
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|--|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Repon | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <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 type="checkbox"/> Other | <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.)*

9-26-00: Rig up and circulate hole.
9-27-00: Circulate & clean out to 6672'. Perforated Tubb w/2 SPF @ 6466-76', 6507-17', 6524-32', 6594-6600', 6618-20'. SION.
9-28-00: RIH w/RBP - set @ 6660', packer @ 6570', acidized lower Tubb w/500 gals 15% NEFE HCL & ball sealers. Reset RBP @ 6580', packer @ 6355', tested RBP to 3000 psi. Acidized upper Tubb w/1500 gals 15% NEFE HCL & ball sealers. Pulled up RBP to 6430'. SION.
10-2-00: Frac Tubb w/29,000 gals YT-135 & 134, 000# TLC & 40,000# SLC.
10-3-00: Flowed back well.



14. I hereby certify that the foregoing is true and correct.
Signed [Signature] Title **Ann E. Ritchie
Regulatory Agent** Date **11-13-00**
(This space for Federal or State office use)

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

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.

*See Instruction on Reverse Side

ZA Skaggs Grayburg

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11. County or Parish, State

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Sec 24, T20S, R37E, Unit Letter π

2490' FSL, 1310' FEL

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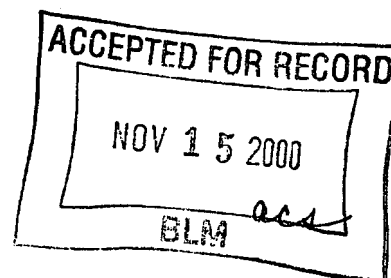
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