Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135

Expires. March 3 1,1993 BUREAU OF LAND MANAGEMENT 5 Lease Designation and Serial No LC 029400A SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian. Allottee or Tribe Name 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 7 If Unit or CA, Agreement Designation SUBMIT IN TRIPLICA TE Type of Well Other Injection Well 8 Well Name and No. Name of Operator MCA Unit #76 Conoco Inc 9. API Well No. 3. Address and Telephone No 30-025-00659 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580 10. Field and Pool, or Exploratory Area 4 Location of Well (Footage Sec., T.R. M. or Survey Description) Maljamar Grayburg/SA 11. County or Parish, State 1910' FSL & 590' FWL, Sec. 23, T17S, R32E, L Lea, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Change of Plans Recompletion New Construction Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Altering Casing Conversion to Injection Request/Renew TA Status 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.)* Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A new, valid MIT was run on 5/11/01 and the chart is attached. Conoco wishes to retain this wellbore while we continue to evaluate the Queen and Seven Rivers This evaluation has begun and should be completed within the next 1-2 years. 14. I hereby ce hat the foregoing As Reesa R. Wilkes Regulatory Specialist This space for Federal or State office use Approved by ________ Conditions of approval if any BLM(6), NMOCD(3), SHEAR, PONCA, COST ASST, FIELD, FI .E ROOM

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