OCD -HE-65

Form 3 160-5

UNITED STATES

FORM APPROVED

| | MENT OF THE INTERIOR | Expires: March 3 1,1993 | |
|---|--|---|--|
| BUREAU (| OF LAND MANAGEMENT | 5. Lease Designation and Serial No. | |
| SUNDRY NOTIC | LC 029410B | | |
| Do not use this form for proposals to Use "APPLICATION | 6. If Indian, Allottee or Tribe Name | | |
| SUBI | 7. If Unit or CA, Agreement Designation | | |
| 1. Type of Well Oil Gas Well Other Injection | Well | 8. Well Name and No. | |
| 2. Name of Operator | MCA Unit #104 | | |
| Conoco Inc | 9. API Well No. | | |
| 3. Address and Telephone No. | 30-025-00777 | | |
| 10 DESTA DR. STE. 100W, MIDLAND | 10. Field and Pool, or Exploratory Area | | |
| 4. Location of Well (Footage, Sec., T. R. M. or Survey | Maljamar Grayburg/SA | | |
| | | 11. County or Parish, State | |
| 660' FNL & 660 | 0' FWL, Sec. 30, T17S, R32E, D | | |
| | | Lea, NM | |
| TR CHECK APPROPRIATE BO | DX(s) TO INDICATE NATURE OF NOTICE, REPOR | RT, OR OTHER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | |
| Notice of Intent | Abandonment | Change of Plans | |
| | Recompletion | New Construction | |
| Subsequent Report | Plugging Back | Non-Routine Fracturing | |
| | Casing Repair | Water Shut-Off | |
| Final Abandonment Notice | Altering Casing | Conversion to Injection | |
| | Other Renew TA Status | Dispose Water | |
| | | Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |
| give subsurface locations and measured and true v | te all pertinent details, and give pertinent dates, including estimated date of starting vertical depths for all markers and zones pertinent to this work.)* Dorary Abandonment status for the above referenced well. | any proposed work. If well is directionally drilled, | |
| We wish to retain this wellbore while evaluation should be completed. | nating future potential use either in the MCA Unit or up hole ted within the next 12-18 months. | in either the Yates, Queen or San | |
| | | | |
| | The Approved For/2 Month Perisonal State State | | |
| | | | |

| 14. I hereby certify that the foregoing is run and correct | Ree | Reesa R. Wilkes | | 9/16/02 |
|---|-----------------------------|-----------------|------|----------|
| Signed FLEDG WILLIAM | Title Regulatory Specialist | | Date | |
| (This space for Federal or State office use) (ORIG. SGD.) JOE G. Approved by Conditions of approval if any: | Title | Potroleum Emman | Date | 10/10/02 |

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

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.

