| • .                                                                                                                                                                                                  | A                                                                                                                                                                                  | N.M OILC                                                                                                            |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Form 3160-5                                                                                                                                                                                          | UNITED STATES                                                                                                                                                                      |                                                                                                                     | FORM APPROVED                                                                                            |
| (June 1990)                                                                                                                                                                                          | DEPARTMENT OF THE INTERIO                                                                                                                                                          | P 1980                                                                                                              | Rudget Rureau No. 1004 0135                                                                              |
|                                                                                                                                                                                                      | BUREAU OF LAND MANAGEMEN                                                                                                                                                           | Liebbo NM 992                                                                                                       | 41 Expires: March 31, 1993                                                                               |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | 5. Lease Designation and Serial No.                                                                      |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | NM 901610                                                                                                |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                     | 6. If Indian, Allottee or Tribe Name                                                                     |
| Do not use this form for proposals to<br>Use "APPLICATION FOR                                                                                                                                        | drill or to deepen or reentry to a dit<br>PERMIT – " for such proposals                                                                                                            | fferent reservoir.                                                                                                  |                                                                                                          |
| SUBMIT IN TRIPLICATE                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                     | 7. If Unit or CA, Agreement Designation                                                                  |
| 1. Type of Well                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     |                                                                                                          |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     |                                                                                                          |
| Well Well Other     Other                                                                                                                                                                            | B.V MCA Unit                                                                                                                                                                       |                                                                                                                     |                                                                                                          |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | Well #163                                                                                                |
| CONOCO, INC. 3. Address and Telephone No.                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                     | 9. API Well No.                                                                                          |
|                                                                                                                                                                                                      | 30 025 00779                                                                                                                                                                       |                                                                                                                     |                                                                                                          |
| 10 Desta Dr., Suite 100W, Midland, TX 79705-4500, 915 686-5424         or         915 684-6381           4. Location of Well (Footage, Sec., T., R., M., or Survey Description)         915 684-6381 |                                                                                                                                                                                    |                                                                                                                     | 10. FIEID<br>Maljamar Grayburg San Andres                                                                |
| Surface: 1980 FNL & 660 FWL                                                                                                                                                                          |                                                                                                                                                                                    |                                                                                                                     | 11. County or Parish, State                                                                              |
| Location: Sec 30 TI7S, R32E<br>TD: Same                                                                                                                                                              |                                                                                                                                                                                    |                                                                                                                     | Lea County, NM                                                                                           |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     |                                                                                                          |
| 12. CHECK APPROPRIATE BC                                                                                                                                                                             | X(s) TO INDICATE NATURE O                                                                                                                                                          | F NOTICE, REPORT, OR C                                                                                              | THER DATA                                                                                                |
| TYPE OF SUBMISSION                                                                                                                                                                                   |                                                                                                                                                                                    | TYPE OF ACTION                                                                                                      |                                                                                                          |
| Notice of Intent                                                                                                                                                                                     |                                                                                                                                                                                    | Abandonment                                                                                                         | Change of Plans                                                                                          |
|                                                                                                                                                                                                      |                                                                                                                                                                                    | Recompletion                                                                                                        | New Construction                                                                                         |
| X Subsequent Report                                                                                                                                                                                  |                                                                                                                                                                                    | Plugging Back                                                                                                       | Non-Routine Fracturing                                                                                   |
|                                                                                                                                                                                                      |                                                                                                                                                                                    | Casing Repair                                                                                                       | Water Shut-Off                                                                                           |
| Final Abandonment Notice                                                                                                                                                                             |                                                                                                                                                                                    | Attering Casing                                                                                                     | Conversion to Injection                                                                                  |
|                                                                                                                                                                                                      | X                                                                                                                                                                                  | Other: Remedial                                                                                                     | Dispose Water                                                                                            |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | (Note: Report results of multiple completion on Well<br>Completion or Recompletion Report and Log form.) |
| 13. Describe Proposed or Completed Operations                                                                                                                                                        | (Clearly state all pertinent details, and give pe                                                                                                                                  | rtinent dates, including estimated date of                                                                          |                                                                                                          |
| 7-22-97: POOH w/tbg, laid d<br>7-23-97: Ran bit w/ DC & Tb<br>7-24 97 <sup>.</sup> Drilled down to to 39<br>7-25-97: RBI w/tbg tagged @                                                              | ot get lose, backed off rods, POC<br>own all rods, laid down-last joint<br>g, tagged up @ 3645', establish<br>958', circulated well clean, laid do<br>9398', POOH w/tbg, laid down | w/pump inside.<br>circulation, cleaned out to 36<br>own swivel POOH w/22 jts. \$<br>I4 jts & drill collars, RBIH w/ | SDON.                                                                                                    |
| new rods, loaded & tested well/to 500#, good pump action.<br>7-28-97: Pumping good, tubing @ 3472', cleaned location.                                                                                |                                                                                                                                                                                    |                                                                                                                     | ACT TTELES AND AND AND AND                                                                               |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | ACCEPTED FOR RECORD                                                                                      |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     |                                                                                                          |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | NOV 0 4 1997                                                                                             |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | 1.13                                                                                                     |
| $\sim$                                                                                                                                                                                               |                                                                                                                                                                                    |                                                                                                                     | 37.14                                                                                                    |
| 14. I hereby certify that the foregoing is true and                                                                                                                                                  |                                                                                                                                                                                    | <u> </u>                                                                                                            |                                                                                                          |
|                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                     | N.                                                                                                       |
| signed Mile Fulch                                                                                                                                                                                    | Ann E. Ritchie<br>Title REGULATORY A                                                                                                                                               | GENT                                                                                                                | Date 10-23-97                                                                                            |
| (This space for Federal or State office use)                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                     |                                                                                                          |
| Approved by<br>Conditions of approval, if any                                                                                                                                                        | Title                                                                                                                                                                              |                                                                                                                     | Date                                                                                                     |
| Title 18 U.S.C. Section 1001, makes it a crime for                                                                                                                                                   | any person knowingly and willfully to make to a                                                                                                                                    | any department or agency of the United S                                                                            | States any false, fictitious or fraudulent                                                               |
| statements or representations as to any matter with                                                                                                                                                  | thin its jurisdiction.                                                                                                                                                             |                                                                                                                     |                                                                                                          |
|                                                                                                                                                                                                      | *See Instruction o                                                                                                                                                                 | n Reverse Side                                                                                                      |                                                                                                          |

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