

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

PERM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 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

**SUBMIT IN TRIPLICATE**

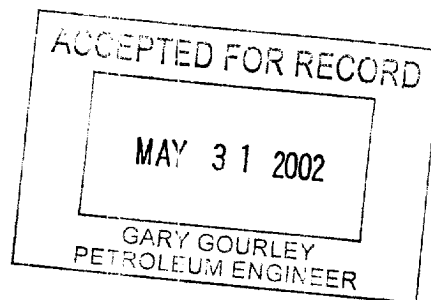
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection Well</u>	6. If Indian, Allottee or Tribe Name  LC 059001
2. Name of Operator  Conoco Inc	7. If Unit or CA, Agreement Designation  MCA Unit #223
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	8. Well Name and No.  9. API Well No. 30-025-00800
4. Location of Well (Footage, Sec., T. R. M. or Survey Description)  660' FNL & 1980' FEL, Sec. 33, T17S, R32E, B	10. Field and Pool, or Exploratory Area Maljamar Grayburg/SA
	11. County or Parish, State Lea, 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 Report	<input 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 checked="" type="checkbox"/> Other <u>Change Out IPC Tubing</u>	<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.)\*

- 5/14/02 Safety Meeting. [RU - NDWH - NUBOP - Pull tubing]  
MIRU. NDWH, NUBOP. Test BOP to 1000 psi; test O.K. Release on/off tool & lay down 113 jts. 2 3/8" IPC. Send to ICO for inspection. SD.
- 2/15/02 Safety Meeting. [Run tubing - NDBOP - NUWH]  
RIH w/111 jts. TS 1-2' IPC sub, 1-4' IPC sub, 1-6' IPC sub, 1-10' IPC sub. On/off tool [3512']. Circ. packer fluid. NDBOP - NUWH. Test casing to 500 psi. Test O.K. (chart attached). RD & move to MCA 175.



14. I hereby certify that the foregoing is true and correct  
Signed Reesa Wilkes Title Regulatory Specialist Date 5/24/02  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval if any: \_\_\_\_\_

BLM(6), NMOCD(3), 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.

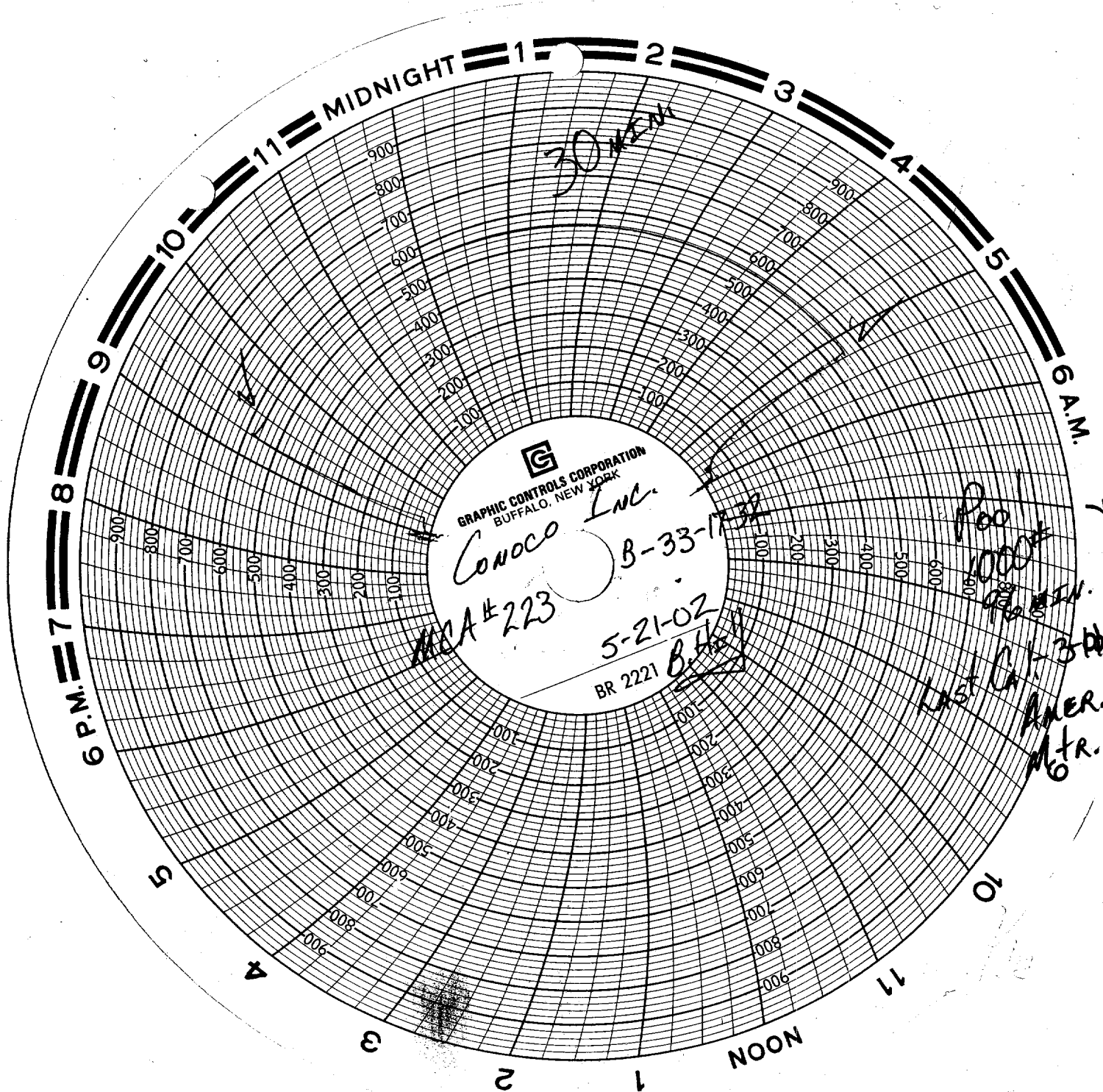
\*See Instruction on Reverse Side

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GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

CONOCO INC.

B-33-1732

MCA #223

5-21-02

BR 2221 B.H.

30 MEAN

Pool 1000#

96 IN.

Last Cal. 3-10-02  
AMER. M.T.R.