OCD - Hobbs

Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 3 1,1993
5. Lease Designation and Serial No.

LC 058728

6. If Indian, Allottee or Tribe Name

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

| To duty proposale | |
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| SUBMIT IN TRIPLICA TE | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well | |
| Well Gas Well Other | 8. Well Name and No. |
| 2. Name of Operator | MCA Unit #227 |
| Conoco Inc | 9. API Well No. |
| 3. Address and Telephone No. | 30-025-00818 |
| 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 |
| 660' FNL & 1980' FWL, Sec. 34, T17S, R32E, C | 11. County or Parish, State |
| | Lea, NM |
| Th CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA |

| | | Lea, NM | |
|---|---|---|--|
| CHECK APPROPRIA | ATE BOX(s) TO INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA | |
| TYPE OF SUBMISSION | TYPE OF A | TYPE OF ACTION | |
| Notice of Intent Subsequent Report Final Abandonment Notice | Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Renew TA Statu | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 1/21/00 and should be on file with your office.

We wish to retain this wellbore while continuing to evaluate recompletion potential uphole. This evaluation should be completed within the next 18-24 months.

Approved For 22003

14. I hereby certify that the foregoing is true and correct
Signed COSA WIRES
Title Regulatory Specialist

Approved by Conditions of approval if any:

| Date 3/13/2002|

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.



^{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.)*

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