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 L | AND MANAGEMENT | 5. Lease Designation and Serial No. |
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| | | LC 029405A |
| 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 | | 6. If Indian, Allottee or Tribe Name |
| SUBMIT IN TRIPLICA TE | | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well Oil Gas Well Well Other | | 8. Well Name and No. |
| 2. Name of Operator | | MCA Unit #257 |
| Conoco Inc | | 9. API Well No. |
| 3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580 | | 30-025-08050 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T. R. M. or Survey Description) | | Maljamar Grayburg/SA |
| 1345' FNL & 2615' FWL, Sec. 20, T17S, R32E, F | | 11. County or Parish, State |
| | | Lea, NM |
| CHECK APPROPRIATE BOX(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 Other Renew TA Status | Conversion to Injection Dispose Water Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form) |
| should be on file with your office. We wish to retain this wellbore for further eval within the next 12-18 months. | ry Abandonment status for the above referenced well. A uation of Queen and San Andres formation potential. The Approved For Month Period Ending 8/25/2001 | |
| 14. I hereby certify hat the foregoing is true and correct Signed | Reesa R. Wilkes Title Sr. Staff Regulatory Assistant | Date8/8/00 |
| (This space for Federal State (CHIG. State) JOE G. I Approved by Conditions of approval if any: | LARA Paintourn Engineer | Date 8/31/2000 |
| BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST | FILE ROOM FIELD | |
| | nowingly 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. | | |

GWW

19:0 V 6-000 007

A Sold Address