

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
P.O. Box 1040
Hobbs, NM 88240
FORM APPROVED
Budget Bureau No. 1004-0135

Expires: March 31, 1993
5. Lease Designation and Serial No.
NM 0557686
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

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well INJECTION Other

2. Name of Operator
CONOCO, INC.

3. Address and Telephone No.
10 Desta Dr., Suite 100W, Midland, Texas 79705-4500, 915 686-5424 915 684-6381

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface: **Sec. 13, T20S, R26E, 1980' FSL & 660' FEL**
TD: **13 37 660/S 1980/W**

7. If Unit or CA, Agreement Designation

8. Name of lease & well
SEMU Well #42

9. API well #
30 025 06089

10. Field and Pool, or Exploratory Area
Stags Grayburg - Ekmont
11. County or Parish, State
Lea, NM

12 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Clean out/run tbg string
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

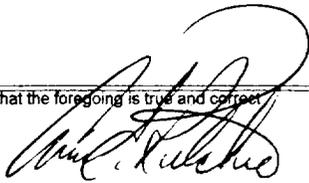
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

9-11-98: MIRU, open up well, work pump free, POOH w/rods & pump, bled down casing, ND wellhead, RU BOP, pulled 3629' 2 3/8" tubing. SION.
9-14-98: RIH w/bailer, tagged fill & cleaned out to 3713', POOH w/bailer, laid down bailer, RIH w/prod tbg to 3472', took off BOP, flanged well, RIH w/pump, hung well, loaded tbg, checked pump action. SION.
9-15-98: Spaced well, SN @ 3669'. Well put on production.

(ORIG. SGD.) GARY GOURLEY

14 I hereby certify that the foregoing is true and correct.

Signed  Title **Ann E. Ritchie**
REGULATORY AGENT

Date **12-14-98**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any

RECEIVED
DEC 17 '98