Form 3 160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 3 1 ,1993

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

5. Lease Designation and Serial No.

LC 031621B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICA TE

7. If Unit or CA, Agreement Designation

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

Britt B #9

2. Name of Operator

Conoco Inc

9. API Well No.

30-025-06108

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500   (915) 686-5580

10. Field and Pool, or Exploratory Area

Cass Penn

4. Location of Well (Footage. Sec., T. R. M. or Survey Description)

1980' FSL & 1980' FEL, Sec. 15, T20S, R37E, J

11. County or Parish, State

Lea, NM

In   CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, 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	☐ Conversion to Injection
	☒ Other ___Renew TA Status___	☐ 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.)*

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 12/12/01 and should be on file with your office.

We wish to retain this wellbore for further evaluation of possible recompletion potential. This evaluation should be completed within the next 18-24 months.

TA **Approved For** _12_ **Month Period**
Ending _12/12/03_

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

Signed _Reesa Holland_

Reesa R. Holland
Title Regulatory Analyst

Date _12/19/02_

(This space for Federal Office) **JOE G. LARA**

Approved by _____ Title _____ Date _1/24/03_
Conditions of approval if any:

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

GWW   *See Instruction on Reverse Side