Form 3 160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

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FORM APPROVED Budget Bureau No. 1004-0135

Non-Routine Fracrunng

Conversion to Injection

iNole: Reponresuitsof multiplecompitiononWdl

Water Shut-Off

Dispose Water

BUREAU OF LAND MANAGEMENT		Expires: March 3 1,1993
BOILEAGOI	LAND MANAGEMENT	5. Lease Designation and Seriai No.
SUNDRY NOTICES	AND REPORTS ON WELLS	LC 031621B
Do not use this form for proposals to dr	ill or to deepen or reentry to a different reservoir.  OR PERMIT—" for such proposals	6. If Indian, Allonee or Tribe Name
SUBMIT	IN TRIPLICA TE	7. If Unit or CA, Agreement Designation
1. Type of Well		→
Oil Gas Well Other		
2. Name of Operator CONOCO INC		8. Well Name and No.
CONOCO INC.		Britt B, Well # 14
3. Address and Telephone No.		9. API Well No.
-	TV 70705 4500 (045) 000 545	30-025-06113
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424 4. Location of Well (Footage, Sec., T. R. M. or Survey Description)		10. Field and Pool, or Exploratory Area
The state of the s	scription)	Monument Paddock
1980' FSL & 660' FWL,	Sec. 15, T 20S, R 37E, Unit Ltr. 'L'	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	
	TITE OF ACTION	
☐ Notice of Intent	Abandonment	Change of Plans
⋈.	Recompletion	New Construction
Subsequent Repon	Physics Dark	1 1

Completion or Flecompletion 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.)\*

Plugging Back

Casing Repair

Altering Casing

Renew TA Status

Conoco requests renewal approval of the Temporary Abandon status for the above listed well. A valid MIT was run on 12-9-96 and should be on file with your office.

We desire to retain this wellbore while we evaluate the possible uphole potential. This evaluation should be completed within the next 12 to 18 months.

	APPROVED FOR — MONTH PER ENDING JAN 2 7 2000	1 8 1999
14. I hereby certify that the foregoing is true and correct Signed Signed	Bill R. Keathly  Tide Sr. Regulatory Specialist	1-15.00
(This space for Federai or State office use)  Approved by Conditions of approval if any:	Title	Date

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, 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 junsdiction.

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