

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 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

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM 0557686</b>
2. Name of Operator <b>Conoco Inc</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) <b>1980' FNL &amp; 660' FWL, Sec. 23, T20S, R37E, E</b>	8. Well Name and No. <b>SEMU Tubb #2</b>
	9. API Well No. <b>30-025-06241</b>
	10. Field and Pool, or Exploratory Area <b>Monument Tubb</b>
	11. County or Parish, State <b>Lea, NM</b>

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 checked="" type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>Renew TA Status</b>
	<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.)\*

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 9-30-97 and should be on file with your office.

We wish to retain this wellbore to evaluate for a potential recompletion. This evaluation should be completed within the next 12-18 months.

TH Approved For 12 Month Period  
Expiry 9/30/2001

11:11 A 11:11  
10/12/2000

14. I hereby certify that the foregoing is true and correct	
Signed <u>Reesa Wilkes</u>	Title <u>Sr. Staff Regulatory Assistant</u>
Date <u>9/14/00</u>	
(This space for Federal or State office use)	
Approved by <u>(OFFIC. 302) JOE G. LARA</u>	Title <u>Deputy Director</u>
Date <u>10/12/2000</u>	

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM, FIELD

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.

\*See Instruction on Reverse Side