

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 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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well	5. Lease Designation and Serial No. LC 031620A
2. Name of Operator Conoco Inc	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 1980' FNL & 1980' FEL, Sec. 24, T20S, R37E, G	8. Well Name and No. SEMU Permian #35
	9. API Well No. 30-025-06251
	10. Field and Pool, or Exploratory Area Skaggs Grayburg
	11. County or Parish, State Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

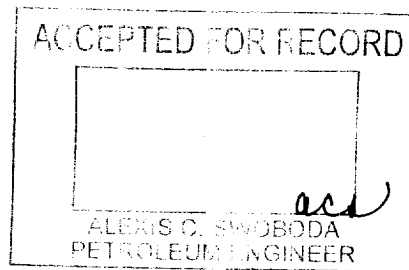
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Repair Communication	<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.)*

9/24/01 MIRU. Bled well down. NDWH. NU tested BOP. Packer not set. POOH. Packer was sheared. Prep to run packer. SION.
9/25/01 RIH w/7" AD-1 w/60K shear ring. NDBOP. NUWH. Circulated packer fluid. Set packer. Tested annulus to 500 psi / 30 minutes. Hooked up injection line. RDMO (chart attached).

REESA,
SEND US (NMOCD)
THE ORIGINAL CHART
PLEASE. THANKS
GARY W. WINK



14. I hereby certify that the foregoing is true and correct	Reesa R. Wilkes	Date 10/8/01
Signed <u>Reesa Wilkes</u>	Title Regulatory Specialist	
(This space for Federal or State office use)		
Approved by <u>Gary W. Wink</u>	Title	Date
Conditions of approval if any		

BLM(6), NMOCD(3), 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.

*See Instruction on Reverse Side

SEMU PERMIAN
35

9-26-01
10:30 A.M.

MANUEL FRANCO
POOL CO.

RECEIVED
2001 OCT 10 AM 9:18