Form 3 160-5 June 1990)	UNITED : DEPARTMENT OF		FORM APPROVED Budget Bureau No. 1004-0135	
,	BUREAU OF LAND		Expires: March 3 1 ,1993 5. Lease Designation and Serial No.	
	BOREITO OF EINVE	, minimodinizini	LC 031670A	
Do not use	SUNDRY NOTICES AND this form for proposals to drill or t Use "APPLICATION FOR PE	o deepen or reentry to a different reservoir.	6 If Indian, Allottee or Tribe Name	
	SUBMIT IN T	7. If Unit or CA, Agreement Designation		
1. Type of Well Oil Well 2. Name of Operat	Gas Well Other Injection Well	8. Well Name and No.		
2. Name of Opera	Conoco Inc		SEMU McKee #57	
3 Address and Tel		30-025-07825 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T. R. M. or Survey Description)			Warren McKee Simpson	
	2310' FSL & 330' FEL, S	11. County or Parish, State Lea, NM		
CH	ECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA	
TY	PE OF SUBMISSION	TYPE OF ACTION		
	Notice of Intent Subsequent Report Final Abandonment Notice ed or Completed Operations (Clearly state all pertine)	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Request/Renew TA Status	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water Note Report results of multiple completion on Well Completion or Recompletion Report and Log form) any proposed work. If well is directionally drilled.	
Conoco reques 1/15/02, see ch	rface locations and measured and true vertical depth sts renewal approval of Temporary Ab nart attached.	ns for all markers and zones pertinent to this work.)* nandonment status for the above referenced well. A of Yates and Seven Rivers potential. This evaluati	A new, valid MIT was run on	
		This evaluation	ion should be completed within the	

next 18-24 months.

4. I hereby certify matthe foregoing is true and correct	Reesa R. Wilkes		Date	1/21/02
Signed Kleda Willes	Title Regulatory Specialist			
(This space for Federal or State office use) Approved by	C Gitte - · · ·	r pytystel OEX	dan 2	8 2002
Conditions of approval if any .M(6), NMOCD(3), SHEAR, PONCA, COST ASST, FIEL			_ · U I · · · · · · · · · · · · · · · · · · ·	

