Form 3 160-5 (June 1990)

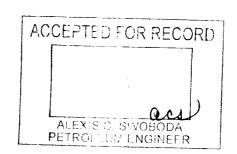
UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Cons. Division 1625 N. rre Hobbs, NM

Y 15 TE	TED OTATEC	1625 N. French	
(June 1990) DEPARTMEN	ITED STATES NT OF THE INTERIOR LAND MANAGEMENT	Hobbs, NM 88	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 3 1,1993 5. Lease Designation and Serial No.
Do not use this form for proposals to dr	AND REPORTS ON WE rill or to deepen or reentry OR PERMIT—" for such pro	to a different reservoir.	LC 031670A 6. If Indian, Allottee or Tribe Name
SUBMIT	IN TRIPLICA TE		7. If Unit or CA, Agreement Designation
1. Type of Well Other 2. Name of Operator Conoco Inc			8. Well Name and No. SEMU Burger #63 9. API Well No.
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, T	X 79705-4500 (915) 686	-5580	30-025-07826 10. Field and Pool, or Exploratory Area
	FEL, Sec. 19, T20S, R38E, C	- 	Eumont Yates 7 Rvrs Qu/Pro Gas 11. County or Parish, State Lea, NM
CHECK APPROPRIATE BOX((s) TO INDICATE NATUR	E OF NOTICE, REPOR	T, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF ACTION	
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casin	g	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.)
13. Describe Proposed or Completed Operations (Clearly state algive subsurface locations and measured and true vertically the subsurface locations are subsurface locations.	ical depths for all markers and zones per 17	inent to this work.)*	

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 47/97 17/94; however, there was never a final confirmation o This well was plugged and abandoned 10 Caffey, with the BLM, went to the location with T. Nixon of Conoco on 10/4/01. There was no evidence of any leakage or problems and

the P&A was approved by the inspectors.



14. I hereby certify that the foregoing is true and correct Signed Signed	Reesa R. Wilkes		10/4/01
	Title Regulatory Specialist	Date	10/4/01
(This space for Federal or State office use)			
Approved by	Title	Date	
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, F	IELD, FILE ROOM	<i>(</i>	

GWW