UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.	LC 031670B
6. If Indian, Allonee or Tribe Name	
7. If Unit or CA, Agreement Designation	89200321C
8. Well Name and No.	SEMU McKee, Well #50
9. API Well No	30-025-07832
10. Field and Pool, or Exploratory Area	Warren KcKee Simpson
11. County or Parish, State	Lea, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
CONOCO INC.

3. Address and Telephone No
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500   (915) 686-5424

4. Location of Well (Footage Sec , T. R. M. or Survey Description)

1980' FSL & 660' FWL, Sec. 20, T 20S, R 38E, Unit Ltr. 'L'

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracrunng
☐ Final Abandonment Notice	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Renew TA Status	☐ Dispose Water

(Note: Reponresultsof multiplecompitiononWdl 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 wishes to renew the TA status for the above listed well. A CIT chart was run on 12-5-96 and should be on file in your office

This well is currently being evaluated for possible uphole potential and should be completed within the next 12 months.

.12
1/27/99

14. I hereby certify that the foregoing is true and correct
Signed _____   Bill R. Keathly
Title Sr. Regulatory Specialist   Date   1-28-98

(This space for Federal or State office use)
Approved by _____ Title _____
Conditions of approval if any   Date

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

*See Instruction on Reverse Side