	CLED HOUSE		
Form 3 160-5 UNITED STATES (june 1990) 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.		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 3 1,1993 5. Lease Designation and Serial No. NM 13126 6. If Indian, Allottee or Tribe Name	
	FOR PERMIT—" for such proposals	7. If Unit or CA, Agreement Designation	
	A to out of CA, Agreement Designation		
1. Type of Well       Oil       Well       Gas       Well       Other       2. Name of Operator		8. Well Name and No. Meyer B-23 #3 9. API Well No. 30-025-09011 10. Field and Pool, or Exploratory Area	
Conoco Inc			
<ol> <li>Address and Telephone No.</li> <li>10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580</li> </ol>			
4. Location of Well (Footage. Sec., T. R. M. or Survey Description) 1980' FNL & 660' FWL, Sec. 23, T22S, R36E, E		Jalmat Tansill Yates 7 Rvrs/Pr Gas 11. County or Parish, State	
		Lea, NM	
Image: CHECK APPROPRIATE BO	X(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent		Change of Plans	
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing	
Final Abandonment Notice	Casing Repair Altering Casing Other Renew TA Status	Water Shut-Off Conversion to Injection Dispose Water	

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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.)\*

Dispose Water

Note: Report results of multiple completion on Well

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 10/18/99 and should be on file with your office.

We wish to retain this wellbore for further evaluation of possible remedial work uphole. This evaluation should be completed within the next 12-18 months.

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14. I hereby cervify that the foregoing as true and correct Signed KLEA WIKCS	Reesa R. Wilkes		
	Title Sr. Staff Regulatory Assistant	Date _	10/5/00
(This space for Federal or State office use) (OHIG. SSD.) JOE G. [ Approved by Conditions of approval if any:	ARA Title	Date	10/25/2000
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FI	ILE ROOM, FIELD		
Title 18 U.S.C. Section 1001, makes it a crime for any person know or representations as to any matter within its jurisdiction.	wingly and willfully to make to any department or agency of the Unit	ed States any false,	fictitious or fraudulent statements
< G W W	*See Instruction on Reverse Side		