Form 3160-5 (November 1983) (Formerly 9-331) DEPARTM: IT OF THE INTERIOR (Other Instruct. 200	Eudget turcau No. 1004-0135
Formerly 9-331) DEPARTM(T OF THE INTERIOR (Other fastruct. on BUREAU OF LAND MANAGEMENT	Expires August 31, 1085 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plus back to a different reservoir.	8. IF INDIAN, ALLOTTEE OF THIS NAME
1. OIL GAS WELL OTHER 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME
Conoco Inc	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	Semu Eum of
P.O. Box 460 - Hobbs, New Mexico 88240 4. Location of Well (Report location clearly and in accordance with any State requirements. At surface	9. WELL NO.
	10. PIELD AND POOL, OR WILDCAT
660'FNL \$ 1980 FEL - Unit Letter B.	Cumont Queen Cas 11. SEC., T., E., M., OR BLE. AND SURYBY OR ARMA
14. PERNIT NO. 15. ELEVATIONS (Show whether Dr. RT. GR. etc.)	23-205-37E
00 023-27/600	12. COUNTY OR PARISH 13. STATE
16. Check Appropriate Box To Indicate New (N.)	tea nm
Check Appropriate Box To Indicate Nature of Notice, Report, or	
PULL OR ALTER CASING	QUENT REPORT OF:
PRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE WATER SHUT-OFF FRACTURE TREATMENT	BEFAIRING WELL
REPAIR WELL CHANGE PLANS SHOOTING OR ACIDIZING	ALTERING CABING
(Other) (Other)	in Notice
(Note: Report result Complete of Completed operations (Clearly state all pertinent details, and give pertinent date nent to this work.)	ts of multiple completion on Well pletion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface locations and measured and true verti-	s, including estimated date of starting any cal depths for all markers and tones persi-
a casing integrity test was run 12 referenced well (chart at a 1)	,
1 Journas run 12	-13-89 on the
referenced well (chart attached). We request permi	
100 +	respectfully?
request permission In 4	1 9 8
request permission for the well to re	main shut-in.
	10 Carlos (12)
	in the second se
	o o o o o o o o o o o o o o o o o o o
\mathcal{L}^{2}	\leq
1/1/91	
17174	
)
d. I hereby certify that the foregoing is true and correct	
SIGNED William W Role.	
William W. Baker TITLE Administrative Supervisor (This space for Federal or State office use)	DATE 12/15/89
APPROVED DY	
COMMITIONS OF APPROVAL, IF ANY:	- DATE 1-5 80

*See Instructions on Reverse Side /

RECEIVED

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JAN 08 1990

OCH HOBBS Grace