

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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**

|   |  |
|---|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Salt Water Disposal Well | 5. Lease Designation and Serial No.<br><b>NM 0557686</b>     |
| 2. Name of Operator<br><b>Conoco Inc</b>  | 6. If Indian, Allottee or Tribe Name                         |
| 3. Address and Telephone No.<br><b>10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580</b>   | 7. If Unit or CA, Agreement Designation                      |
| 4. Location of Well (Footage, Sec., T. R. M. or Survey Description)<br><b>2130' FSL &amp; 1980' FEL, Sec. 23, T20S, R37E, J</b>                           | 8. Well Name and No.<br><b>SEMU Skaggs B #95</b>             |
|   | 9. API Well No.<br><b>30-025-24918</b>                       |
|   | 10. Field and Pool, or Exploratory Area<br><b>San Andres</b> |
|   | 11. County or Parish, State<br><b>Lea, NM</b>                |

| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |  |  |
|--|--|--|
| TYPE OF SUBMISSION   | TYPE OF ACTION   |  |
| <input type="checkbox"/> Notice of Intent                                    | <input type="checkbox"/> Abandonment                                   | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report                        | <input type="checkbox"/> Recompletion                                  | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice                            | <input type="checkbox"/> Plugging Back                                 | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair                                 | <input type="checkbox"/> Water Shut-Off          |
|  | <input checked="" type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other <b>Casing Integrity Test</b> | <input type="checkbox"/> 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 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.)\*

A Casing Integrity Test was run on this well 5/25/99. See chart attached.

|   |   |                      |
|---|---|----------------------|
| 14. I hereby certify that the foregoing is true and correct |   |                      |
| Signed <u>Reesa Wilkes</u>                                  | Title <u>Sr. Staff Regulatory Assistant</u> | Date <u>06/02/99</u> |
| (This space for Federal or State office use)                |   |                      |
| Approved by _____   | Title _____                                 | Date _____           |
| Conditions of approval if any: _____                        |   |                      |

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

JCS GWW



