Form 3 160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs. NM 8824·

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 3 1 ,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

5. Lease Designation and Serial No.	LC 031670B
6. If Indian, Allonee or Tribe Name	
7. If Unit or CA. Agreement Designation	
8. Well Name and No.	SEMU Burger B, #108
9. API Well No.	30-025-26269
10. Field and Pool, or Exploratory Area	Skaggs Drinkard
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 & 330' FWL, SEC. 20, T 20S, R 38E, UNIT LTR 'L'

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
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other ___Renew TA Status___	☐ Dispose Water

INote: Reponresultsof multiplecompritiononWdl 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, attached is a CIT chart witnessed by Stephen Coffey with the BLM in Hobbs.

This well is to be evaluated for Tubb potential up hole during the next 12 to 18 months.

1/27/98

14. I hereby certify that the foregoing is true and correct

Signed _____   Title Bill R. Keathly   Sr. Regulatory Specialist   Date 1-24-97

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval if any:

BLM(6), NMOCD(1), BRK, PONCA, TDS, FILE ROOM

*See Instruction on Reverse Side