			in and No. 1					
Form 3 160-5 (June 1990)	DEPARTMEN		OF THE INTERIOR Hobbs, NM 58241 ND MANAGEMENT		5 1	FORM APPROVED Budget Bureau No. 1004-0135 Expires March 3 1 ,1993 5 Lease Designation and Seriai No.		
	SUNDRY NOTICES				LC 031670B			
Do not use this f	6. [6. If Indian, Allonee or Tribe Name						
	7. I	7. If Unit or CA, Agreement Designation						
1. Type of Well						89200321C		
Well U Other						8. Well Name and No.		
2. Name of Operator CONOCO INC CONOCO INC.						SEMU McKee, Well # 114		
3 Address and Telephone No.						9. API Well No.		
•		30-025-26767						
4. Location of Well (Foo	10.1	10. Field and Pool, or Exploratory Area						
4. Location of well (Foo		Warren McKee Simpson						
	11.0	11. County or Parish, State						
						Lea, NM		
In CHECK	APPROPRIATE BOX	(s) TO INDICATI		E OF NOTICE, REPO	RT, C	DR OTHER DATA		
TYPE OF	SUBMISSION							
Notice	of Intent		Abandonment			Change of Plans		
Subsec	quent Repon		Recompletion Plugging Back			New Construction Non-Routine Fracrunng		
Final A	Abandonment Notice		Casing Repair Altering Casin Other	Renew TA Status		Water Shut-Off Conversion to Injection Dispose Water Iole: Reponresuitsof 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 requests renewal approval of the Temporary Abandon status for the above listed well. A valid MIT was run on 12-5-96 and should be on file with your office.

We desire to retain this wellbore while we evaluate for possible uphole potential. This evaluation should be completed within the next 12 to 18 months.

	APPNOVED TOR Ending	MONTH PERIOD Jan 2 7 2000	PETER FEB BUREAU OF L	PROVISE W. CHESTER 1-3-1999 AND MANAGEMENT FSOURCE AREA
14. I hereby certificatian the foregoing is true and correct Signed Diele K. Seechly	Bill R. Keathly — Title Sr. Regulatory	Specialist	 	1-15-99
(This space for Federai or State office use) Approved by Conditions of approval if any:	Title		Date	
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE itle 18 U.S.C. Section 1001, makes it a crime for any person knowing representations as to any matter within its junsdiction.			States any false, ficti	tious or fraudulent statement

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