

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC 031621B

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator CONOCO INC.	8. Well Name and No. Britt B, Well #32
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381	9. API Well No. 30 025 33906
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 660' FSL & 660' FWL, Section 10, T20S, R37E	10. Field and Pool, or Exploratory Area Weir Blinebry
	11. County or Parish, State Lea County, NM

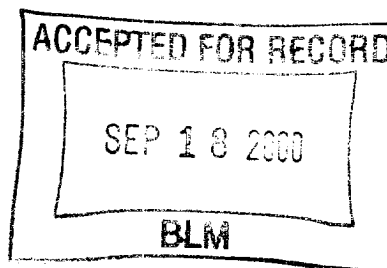
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 Repon	<input checked="" 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 type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<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.)*

7-12-00: MIRU, POOH w/rods & pump. NU & test BOP to 3000 psi. Scan tubing, SION.
7-13-00: Scanned tubing, RIH & set RBP @ 6502', tested RBP to 3000 psi. SION.
7-14-00: Finish out of hole. Perforated Blinebry w/2 SPF @ 5614-22', 5638-42', 5662-66', 5684-92', 5708-12', 5732-36'. RIH w/packer to 5118', prep to acidize. SIOWE.
7-17-00: Set packer @ 5118', acidized Blinebry w/2000 gals 15% NEFE HCL & ball sealers. Tested packer & prep to frac. SION.
7-18-00: Fraced Blinebry w/32,000 gals Spectra G & 46,440# 16/30 tempered LC & 38,960# Super LC. SION.
7-19-00: Went in hole with 2 3/8" production string, tagged fill @ 6200'. Prep well to put on production.



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

Signed [Signature] Title Ann E. Ritchie Date 9-11-00
Regulatory Agent

(This space for Federal or State office use)

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

BLM(6), _____

2A Well Drilled

100-1-100

100-1-100

100-1-100