

ED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC 031670A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Name of lease & well
SEMU (Skaggs) Permian
Well #128
9. API well #
30 025 34313
10. Field and Pool, or Exploratory Area
Skaggs Drinkard
11. County or Parish, State
Lea, NM

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
☒ Oil Well ☐ Gas Well ☐ INJECTION Other
2. Name of Operator
CONOCO, INC.
3. Address and Telephone No.
10 Desta Dr., Suite 100W, Midland, Texas 79705-4500, 915 686-5424 915 684-6381
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface: Sec 24, T208, R37E, Unit Letter I
TD: same as above
2490' FSL & 1310' FSL

12. CHECK APPROPRIATE BOX(es) 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 type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> designate participating area	<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.)

SEMU, Well #128 was designated as: SEMU Burger B with filing of application to drill.
Well falls within the SEMU "Skaggs" participating vs. the "Burger B" participating area.

(ORIG. SGD) DAVID R. GLASS
MAR 2 1993

14. I hereby certify that the foregoing is true and correct
Signed:  Title: Ann E. Ritchie REGULATORY AGENT Date: 1-26-99
(This space for Federal or State office use)

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

100

1944-1945

100-443884

RECEIVED