

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Lease Designation and Serial No.

**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 ☐ 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)  
**Section 25, T-20-S, R-37-E, L  
1980' FSL & 1090' FWL**

LC 031696A  
6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**SEMU #136**

9. API Well No.  
**30-025-34667**

10. Field and Pool, or Exploratory Area  
**SOUTH SKAGGS  
-Southeast Monument Abo**

11. County or Parish, State  
**Lea Co., NM**

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

**TYPE OF SUBMISSION**

- ☒ Notice of Intent  
☐ Subsequent Repon  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other **Perforate Abo**  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracuring  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Repon result of multiple completion on Wdl  
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, Inc. completed drilling this well in September 1999. The failed objective was the Strawn. Conoco set pipe on this well based on log analysis of the Abo. Conoco, Inc proposes to perforate the Abo using the following procedure:

1. MIRU Perf Abo from 7134-7687' at selected intervals at 2 JSPF (338 holes)
2. RIH with 2 7/8" 6.4# L-80 tubing and treat with 10,000 gallons of 20% HCL using ball sealers for diversion
3. Swab well to establish flow into temporary facilities on location
4. Swab production into the SEMU Strawn battery once surface commingle permit is approved

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

Signed

**Kay Maddox**

Title **-Regulatory Agent**

Date

**October 1, 1999**

(This space for Federal or State office use)

Approved by

Title

**PETROLEUM ENGINEER**

Date

**OCT 07 1999**

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

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Fee Lease - 3 Copie

☐ AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-34667	2 Pool Code <del>96764</del> 56650	3 Pool Name South Skaggs Southeast Monument Abo (Oil)
4 Property Code 13492	5 Property Name SEMU	6 Well Number #136
7 OGRID No. 005073	8 Operator Name Conoco Inc., 10 Desta Drive, Ste. 100W, Midland, TX 79705-4500	9 Elevation 3510'

## 10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	25	20S	37E	.	1980'	South	1090'	West	Lea

## 11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
12 Dedicated Acres	13 Joint or Infil	14 Consolidation Code		15 Order No.					
40									

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16

1090'

1980'

## 17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Ken Miller

Signature \_\_\_\_\_

Kay Maddox

Printed Name \_\_\_\_\_

Regulatory Agent

Title

October 1, 1999

Date \_\_\_\_\_

## 18 SURVEYOR CERTIFICATION

*I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.*

Date of Survey

Signature and Seal of Professional Surveyor:

**Certificate Number:**