

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. LC 031696A
2. Name of Operator CONOCO INC.		6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Sec 25, T20S, R37E, 1980' FNL & 1830' FWL		8. Well Name and No. SEMU, Well #146
		9. API Well No. 30 025 34977
		10. Field and Pool, or Exploratory Area South Skaggs Abo
		11. County or Parish, State Lea County, NM

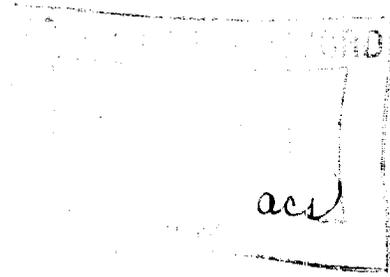
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other TD and Long String
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)*

10/16/2000: Reached TD of 7700'. Condition and circulate hole for logs.
 10/17/2000: Running logs.
 10/18/2000: Ran sidewall cores. Began running 5 1/2", 17 #, casing to TD of 7700'.
 10/19/2000: Finished running 5 1/2" casing. Rigged up BJ. Cemented first stage plug down at 10:00AM. Circulated between stages and waited on cement. Cemented 2nd Stage, Plug down at 16:00 with 1250 psi. Circulated 78 bbls. of cement to the pit, rig down BJ. Tested to 2000 psi. Rig was released.



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

Signed *Ann E. Ritchie* Title **Ann E. Ritchie
Regulatory Agent** Date **12/13/00**

(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval if any: _____

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