

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No. LC 031696A	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation	
8. Well Name and No. SEMU, Well #147	
9. API Well No. 30 025 34978	
10. Field and Pool, or Exploration Area Hardy San Andres South ^{NORTH}	
11. County or Parish, State Lea County, 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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator CONOCO INC	
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381	
4. Location of Well (Footage Sec., T. R. M. or Survey Description) 1980' FSL & 660' FEL, Sec 26, T20S, R37E	

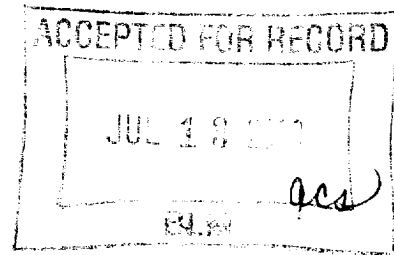
13. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 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 test & abandon zone	<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.)*

6-16-00: RIH & tagged PBDT @ 7308'.POOH & prepr to run CBL. SI.
6-17-00: Ran CBL - TOC @ 200'. Pressure tested casing to 3000#, held okay. Perforated Abo from 7166-7234'.
6-20-00: Acidized Abo w/4000 gals 20% NEFE HCL. RIH w/swab. SI.
6-22-00: RIH & set CIBP @ 7130', tested CIBP to 3000 psi. Prep to perforate. SI.
6-23-00: Perforated San Andres w/2 SPF @ 3986-4000', 4044-4050', 4068-4076', 4096-4106'. Picked up dump bailer to dump cement on CIBP. SI.
6-24-00: Dumped 3 sx cement on CIBP. Treated San Andres perforations w/3000 15% NEFE HCL. RU swab. SI.
Evaluating well.



14. I hereby certify that the foregoing is true and correct.		
Signed	Title Ann E. Ritchie Regulatory Agent	Date 7-7-00
(This space for Federal or State office use)		
Approved by _____	Title _____	Date 7-7-00
Conditions of approval if any: _____		

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