Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1625 N. French Dr. Budg Hobbs, NM 38240 Ex 5. Lease De

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31,1993

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ONOCO INC. 1. Address and Telephone No. 1. DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381 1. Location of Well (Footage. Sec. T. R. M. or Survey Description) 1. Position of Well (Footage. Sec. T. R. M. or Survey Description) 1. Position of Well (Footage. Sec. T. R. M. or Survey Description) 1. Location of Well (Footage. Sec. T. R. M. or Survey Description) 1. Position of Well (Footage. Sec. T. R. M. or Survey Description) 1. Position of Well (Footage. Sec. T. R. M. or Survey Description) 1. Check APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 1. County or Parish, State 1. County, NM 1. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 1. TYPE OF SUBMISSION 1. Abandonment 1. Recompletion 1. Position of Indicate 2. Abandonment 2. Recompletion 2. North Hardy Tobb Drinkard 1. County or Parish, State 1. Locations of Parish, State 1. Locations of Melicity, NM 1. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 1. TYPE OF ACTION 1. Notice of Interest Description on Indication of Recompletion on Indication of Recompletion on Indication of Recompletion on Indication of Recompletion on Indication of In	Boile it of		
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Submit in transport for such proposals	CUMPRY NOTICES		
SUBMIT IN TRIPLICATE	Do not use this form for proposals to dr	6. If Indian, Allotee or Tribe Name	
Type of Well Well State of Operation CONCOO INC.	SUBMIT	7. If Unit or CA, Agreement Designation	
Name of Operator CONOCO INC.			_
CONOCO INC Address and Telephone Yo 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500. (915) 686-5580/684-6381 10. Field and Post, or Exploratory Azes, North Hardy Tubb Denkard 1980 FSL. & 660' FEL. Section 26, T20S, R37E, Unit Ltr. I CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Inters Subsequent Repon Pinal Abandonment Notice Recompletion Pinal Abandonment Notice Altering Casing Other Sptd & Set Surface Csg. Altering Casing Other Sptd & Set Surface Csg. Indicating Casing Other Sptd & Set Surface Csg. Altering Casing Other Sptd & Set Surface Csg. ACCEPTED FOR RECORD Approved by App	Oil Gas Other	8. Well Name and No.	
Address and Telephone No. ID DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 886-5580/884-6381 ID DESTAD DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 886-5580/884-6381 ID Field and Pool, or Exploratory Area. North Hardy Tubb Drinkard II. County or Perills, State Lea County, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Abandonment Recompletion Abandonment Recompletion Abandonment Notice Anni E. Ritchie Signed unburface locations and measured and fone vertical depths for all markers and zone pertinent to this work. P Subsequent Report results of marker completion on Vest location of Recompletion on Vest locations and measured and fone vertical depths for all markers and zone pertinent to this work. P Subsequent Report results of marker completion on Vest locations and measured and fone vertical depths for all markers and zone pertinent to this work. P Subsequent Report results of marker completion on Vest location of Recompletion on Recompletion Recompletion Recompletion Recompletion Recompletion Recompletion Recompletion Recompletion Recomp	2. Name of Operator	SEMU 1117	
North Hardy Tubb Drinkard 1980' FSL & 660' FEL, Section 26, T20S, R37E, Unit Ltr. I Lea County, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TO Indicate Recompletion Abandonment Recompletion Change of Plans Seve Construction Water Shut-Off Course Report Consider Report Consider Report Consider Report Other Sput & Set Surface CSE. Indicate Completed Operations (Clearly sate all pertinent details, and give pertured date, including estimated date of starting any proposed work. If well is directionally drilled, give midwarface locations and measured and frue vertical depths for all markers and zone perturent to this work.)* 3. Describe Proposed or Completed Operations (Clearly sate all perturent details, modulating estimated date of starting any proposed work. If well is directionally drilled, give midwarface locations and measured and frue vertical depths for all markers and zone perturent to this work.)* 3. Describe Proposed or Completed Operations (Clearly sate all perturent details, including estimated date of starting any proposed work. If well is directionally drilled, give midwarface locations and measured and frue vertical depths for all markers and zone perturent to this work.)* ACCEPTED FOR RECORD Ann E. Ritchie Regulatory Agent Date Septiment of the complete and the second part of the complete and the	CONOCO INC. 3. Address and Telephone No.	- 1 ^{9. API Well No.} 30- さみゲー349 そ 8 #147	
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TYPE OF SUBMISSION Notice of Intent			Lea County, NM
Notice of Intent Abandonment Recompletion New Construction Ne	- CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
Subsequent Repon Final Abandonment Notice Plugging Back Non-Routine Fracturing Non-Routine Fracturing Casing Repair Altering Casing Conversion to Injection Dispose Water Non-Requirement of miliple completion on Well Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work if well is directionally drilled. Second 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. Second Proposed or Sput 12 1/4" hole, drilling. Second Proposed Work of Well and Seco	TYPE OF SUBMISSION	TYPE OF ACTION	
Subsequent Repon Final Abandonment Notice Plugging Back Casing Repair Water Shut-Off	Notice of Intent	Abandonment	Change of Plans
Casing Repair Casing Casing Casing	_	Recompletion	New Construction
Casing Repair Casing Casing Casing	Subsequent Repon	Plugging Back	Non-Routine Fracturing
Other Sprid & Set surface CSg. Dispose Water Note Report results of multiple completion on Veril Completion on Recompletion (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.)* 5-20-00: Spud 12 I/4" hole, drilling. 5-20-00: Ran 1520' of 8 5/8", 24#, J-55 casing, cemented with 1st stage of 528 sx, Cl C, tailed with 195 sx, Cl C w/2% CaCl2. Circulated 3.1 sx to pit. WOC. Tested casing to 1500 psi - OK. Ann E. Ritchie Regulatory Agent Date 5-26-00 Chis space for Federal or State office sac) Approved by command if my. Title Date Date Date Date Date		Casing Repair	Water Shut-Off
Note: Report results of multiple completion on Well. 3. 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.)* 5-20-00: Spud 12 I/4" hole, drilling. 5-21-00: Ran 1520 of 8 5/8", 24#, J-55 casing, cemented with 1st stage of 528 sx, Cl C, tailed with 195 sx, Cl C w/2% CaCl2. Circulated 1st to pit. WOC. Tested casing to 1500 psi - OK. ACCEPTED FOR RECORD 4. Thereby certify first see incomplete for starting and correct starting and 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.)* ACCEPTED FOR RECORD AND E. Ritchie Regulatory Agent Date 5-26-00 Title Date Date	Final Abandonment Notice		Conversion to Injection
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4. I hereby certify mat the free original strike and correct. Signed Title Regulatory Agent Approved by Conditions of approved if any. Date Date			5 sx, Cl C w/2% CaCl2. Circulated
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