

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC 031695 A

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	6. If Indian, Allottee or Tribe Name
2. Name of Operator CONOCO INC.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381	8. Well Name and No. SEMU, Well #154
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Sec. 30 T20S, R38E, 1760' FSL & 2310' FEL J	9. API Well No. 30 025 35383
	10. Field and Pool, or Exploratory Area North Hardy Strawn
	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 Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CIBP/plug off Strawn
	<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)

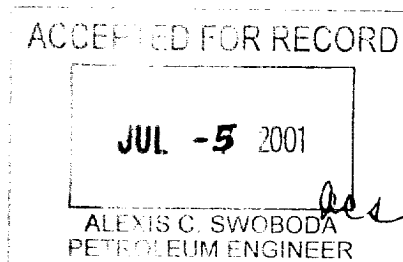
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)*

4-17-01: Well completed in Strawn with perforations @ 7598-7650'. Well acidized. Well swabbed.

4-19-01: RIH and set CIBP @ 7550' w/35' cement on top of CIBP. RIH w/open-ended tubing to 7515', circulated packer fluid. Tested CIBP to 500 psi. SION.

4-20-01: POOH w/tubing. NDBOP. NUWH. RDMO.

4-27-01: MIT test on CIBP to 1000# for 30 min - chart attached.



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

Signed Ann E. Ritchie Title Regulatory Agent Date 5-23-01

(This space for Federal or State office use)

Approved by K Title J Date

Conditions of approval if any:

BLM(6)

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.

2A N Hardy Strawn

