

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
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	6. If Indian, Allottee or Tribe Name
2. Name of Operator CONOCO INC.	7. If unit or CA, Agreement Designation SEMU
3. Address and Telephone 10 DESTA DRIVE, SUITE 649W, MIDLAND, TEXAS 79705-4500	8. Well Name and No. #153
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) M Section 19, T20S, R38E 830' FSL & 910' FWL	9. API Well No. 30-025-35434
	10. Field and Pool, or Exploratory Area North Hardy Strawn Pool
	11. County or Parish, State Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<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 checked="" type="checkbox"/> Other <u>Amend Casing Design</u>	<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.

Conoco Inc. proposes to adjust the Casing Design. We may have problems with the 7 rivers formation and may have to run an intermediate string as per the attached revised Well Plan Outline and Cementing Plan. We propose to ask for a Contingency that in the chance we may have problems we will be covered.

14. I hereby certify that the foregoing is true and correct	
Signed <u>Kimberly Southall</u>	Title: Analyst
	Date: 12/13/00
15. (This space for Federal or State office use)	
Approved by <u>[Signature]</u>	Title: _____
Conditions of approval if any:	Date: _____