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	OCD-HOBBS		
Form 3160-3 (August 1999) UNITED S	TATES	FORM APPRO OMB No. 1004 Expires November	0136
DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		5. Lease Scrial No. NMLC063458	
APPLICATION FOR PERMIT	TO DRILL OR REENTER	6. If Indian, Allottee or Tribe N	iame
1a. Type of Work: 🔀 DRILL 🔲 REENTER		7. If Unit or CA Agreement, N NMNM71052X	ame and No.
1b. Type of Well: 🗗 Oil Well 🛛 Gas Well 🗖 O	ther 🔀 Single Zone 🗖 Multiple Zone	8. Lease Name and Well No. WARREN UNIT 148	
	E-Mail: kim.j.southall2@conoco.com	9. API Well No. 30-025-3	
3a. Address 10 DESTA DRIVE WEST, SUITE 100 W. MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 915.686.5565 Fx: 915.686.6503	10. Field and Pool, or Explora Worren Tubb	East
4. Location of Well (Report location clearly and in accord	dance with any State requirements.*)	11. Sec., T., R., M., or Blk. an	
At surface SWSW 990FSL 400FWL At proposed prod. zone	D M	Sec 25 T20S R38E M	er NMP
14. Distance in miles and direction from nearest town or pos	t office*	12. County or Parish LEA	13. State NM
15. Distance from proposed location to nearest property or	16. No. of Acres in Lease	17. Spacing Unit dedicated to	this well
lease line, ft. (Also to nearest drig. unit line, if any)	2240.00	46 GURES	
 Distance from proposed location to nearest well, drilling completed, applied for, on this lease, ft. 	, 19. Proposed Depth 7300 MD	20. BLM/BIA Bond No. on fi	c
21. Elevations (Show whether DF, KB, RT, GL, etc. 3571 GL	22. Approximate date work will start	23. Estimated duration	
	24. Attachments Lea Coun	ty Controlled Water Ba	sin
The following, completed in accordance with the requirements			
 Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (if the location is on National Forest S SUPO shall be filed with the appropriate Forest Service 0 	4. Bond to cover the operat Item 20 above). 5. Operator certification	tions unless covered by an existing information and/or plans as may be	
25. Signature	Name (Printed/Typed) KIM SOUTHALL		Date 08/20/2001
Title SUBMITTING CONTACT			
Approved by (Signature) /S/ JOE G. LARA	Name (Printed/Typed) /S/ JOE G. L/	ARA	Date NOV 15 2001
A ENTFIELD MANAGER	CARLSBAD FIE	LD OFFICE	linent to conduct
Application approval does not warrant or certify the applicant operations thereon. Conditions of approval, if any, are attached.	APPROVA	L FOR I YEAH	[
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 121 States any false, fictitious or fraudulent statements or represent	2, make it a crime for any person knowingly and willfully ntations as to any matter within its jurisdiction.	y to make to any department or ago	ncy of the United
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	nission #6577 verified by the BLM Well Info CONOCO INCORPORATED, sent to the Ho		
POR PPROVAL SUBJECT TO mmitted to AFMSS	for processing by Armando Lopez on 08/2	1/2001 (01AL0036AE)	Č.
SENERAL REQUIREMENTS AND			
PECIAL STIPULATIONS			
	OPER. OGRID NO. 5073	** REVISED ** REV	SED ** 12
	PROPERTY NO. 3/22		, Ke
	POOL CODE <u>87085</u>		X A
	EFF. DATE <u>(1 - 29 - 0 </u> API NO. 30-025 -35772	a .	M

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