UNITED STATES DEPARTMENT OF THE INTERIOR BURFALL OF LAND MANAGEMENT

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FORM APPROVED OMB No. 1004-0136 Expires November 30, 2000

BUREAU OF LAND MANAGEMENT			
		5. Lease Serial No. NMLC031620A	
APPLICATION FOR PERMIT TO DRILL OR REENTER		6. If Indian, Allottee or Tribe Name	
la. Type of Work: ☑ DR!LL. ☐ REENTER		7. If Unit or CA Agreemen NMNM71041X	it, Name and No.
1b. Type of Well: ☑ Oil Well ☐ Gas Well ☐ Other ☑ Single Zone ☐ Multiple Zone		8. Lease Name and Well No. SEMU 161	
2. Name of Operator Contact: KIM SOUTHALL E-Mail: kirn.j.southall2@conocc.com		9, API Well No. 30-025-35823	
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 Expl	oratory Dounkand
4. Location of Well (Report togation clearly and in accord-		Sec., T., B., M., or Bik.	and Survey or Area
At surface NWNW 990FNL 430FWL At proposed prod. zone	9.50	Sec 24 T20S R37E	Mer NMP
14. Distance in miles and direction from nearest town or post	of DIF. MID 2 2-02	County or Parish	13. State
	AL NO 30-025-3586	LEA County of Parisin	NM
 Distance from proposed location to nearest property or lease line, ft. (Also to nearest drig, unit line, if any) 	16. No. of Acres in Lease	17. Spacing Unit dedicated to this well	
	640.00		
18. Distance from proposed location to nearest well, drilling, completed, applied for, on this lease, fi.	19. Proposed Depth OMD STOO Kay Friendle	20. BLM/BIA Bond No. on	file
21. Elevations (Show whether DF, KB, RT, GL, etc. 3537 GL	22. Approximate date work will start	23. Estimated duration	
	24. Attachments	Carley Controlled	Weter Seedin
The following, completed in accordance with the requirements of			2.4.4. 1.4.4. 2.4.4. 1.4.4.4.
Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (ri the location is on National Forest Syst SUPO shall be filed with the appropriate Forest Service Of	em Lands, the fice). 4. Bond to cover the operation lem 20 above). 5. Operator certification 6. Such other site specific into authorized officer.		
25. Signature (Electronic Submission)	Name (Printed Typed) KIM SOUTHALL Ph: 915.686.5565		Date 11/30/2001
Title SUBM!TTING CONTACT			
Approved by (Signature) /S/ JOE G. LARA	Name (Printed Typed) /S/ JOF O	. John College	Date JAN 3 1 200
Title FIELD Mirane Cale	Office CARLSBAU 711_	LL UPFICE	*
Application approval does not warrant or certify the applicant ho operations thereon.	lds legal or equitable title to those rights in the subject le	ase which would entitle the app	olicant to conduct
Conditions of approval, if any, are attached.		10 VAL FOR 1	YEAR
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, n States any false, fictitious or fraudulent statements or representat-	nake it a crime for any person knowingly and willfully to ions as to any matter within its jurisdiction.	make to any department or ag-	

Additional Operator Remarks (see next page)

Electronic Submission #9500 verified by the BLM Well Information System For CONOCO INCORPORATED, sent to the Hobbs

DECLARED WATER Committed to AFMSS for processing by Linda Askwig on 12/03/2001 (02LA0036AE) TO CEMENT BEHIND THE 8 18

CASING MUST BE CIRCULATED

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