

New Mexico Oll Conservation Divi. 1625 N. French Drive

Hobbs, NM 88240

OPER OGBID NO. 5073 TAICPERTY NO. 1349 POOL CODE 10 450 ETF. DATE 2-12-02

Form 3160-3

(August 1999) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT APPLICATION FOR PERMIT TO DRILL OR REENTER		OMB No. 1004-0136 Expires November 30, 2000 5. Lease Serial No. NM455692 6. If Indian, Allottee or Tribe Name	
AFFLICATION FOR FERMIT		o. If findian, Another of Trio	: Name
1a. Type of Work: ☑ DRILL ☐ REENTER		7. If Unit or CA Agreement,	Name and No.
lb. Type of Well: ☑ Oil Well ☐ Gas Well ☐ Other ☑ Single Zone ☐ Multiple Zone		8. Lease Name and Well No. SEMU 165	
2. Name of Operator Contact: KIM SOUTHALL E-Mail: kim.j.southall2@conoco.com		9. API Well No. 30-025-35835 10. Field and Pool, or Exploratory	
3a. Address 10 DESTA DRIVE, SUITE 607W MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 915.686.5565 Fx: 915.686.6503	10. Field and Pool, or Explor	ratory
4. Location of Well (Report location clearly and in accordance with any State requirements.*)		11. Sec., T., R., M., or Blk. and Survey or Area	
At surface SWSW 1310FSL 480FWL		Sec 14 T20S R37E Mer NMP	
At proposed prod. zone	TO LIKE APPROVAL BY STATE		
14. Distance in miles and direction from nearest town or post office*		12. County or Parish LEA	13. State NM
15. 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	
18. Distance from proposed location to nearest well, drilling,	19. Proposed Depth	20. BLM/BIA Bond No. on file	
completed, applied for, on this lease, ft.	8200 MD	ES0085	
21. Elevations (Show whether DF, KB, RT, GL, etc. 3546 GL	22. Approximate date work will start	23. Estimated duration	
	24. Attachments		
The following, completed in accordance with the requirements o	f Onshore Oil and Gas Order No. 1, shall be attached to	this form:	
Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (if the location is on National Forest Syst SUPO shall be filed with the appropriate Forest Service Off	em Lands, the Item 20 above). 5. Operator certification	ons unless covered by an existing formation and/or plans as may b	
25. Signature Jun Fall that (Electronic Submission)	Name (Printed/Typed) KIM SOUTHALL Ph: 915.686.5565		Date 01/08/2002
Title ASSOCIATE ASSISTANT			
Approved by (Signature) /S/ JOE G. LARA	Name (Printed/Typed) /S/ JOE G. LARA		FEB 0 1 200
FIELD MANAGER	Office CARLSBAD FIEL	D OFFICE	
Application approval does not warrant or certify the applicant ho operations thereon. Conditions of approval, if any, are attached.	lds legal or equitable title to those rights in the subject le	ease which would entitle the app	licant to conduct
***		ROVAL FOR 1	YEAR
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, r 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 age	ncy of the United

Additional Operator Remarks (see next page)

DECLARED WATER BASIN CEMENT BEHIND THE 858

CASING MUST BE CIRCULATED

Electronic Submission #9990 verified by the BLM Well Information System

For CONOCO INC., will be sent to the Happy STATE TO GENERAL RECUREMENTS AND SPECIAL STEP DEATIONS

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