Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 3 1,1993

Expires: March 3 1,1993 **BUREAU OF LAND MANAGEMENT** 5. Lease Designation and Serial No LC 031740B SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICA TE 1. Type of Well Oil Well Gas Well 8. Well Name and No. 2. Name of Operator Meyer B-4 #14 9. API Well No. Conoco Inc 3. Address and Telephone No. 30-025-04474 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T. R. M. or Survey Description) Eumont Yates 7 Rvrs Qu/Pro Gas 11. County or Parish, State 5940' FSL & 1980' FEL, Sec. 4, T21S, R36E, G Lea, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion New Construction Subsequent Report Non-Routine Fracturing Plugging Back Water Shut-Off Casing Repair Final Abandonment Notice Conversion to Injection Altering Casing Renew TA Status 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 requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 12/9/99 and should be on file with your office.

We wish to retain this wellbore while we continue to evaluate for possible uphole potential. This evaluation should be completed within the next 18-24 months.

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14. I hereby certify that he foregoing is true and correct Signed LUAG LULGA	Reesa R. Wilkes	
	Title Regulatory Specialist	Date12/6/01
(This space for Federal or State office use)		
Approved by	Title	Date
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FII		ncy of the United States any false fictitious or fraudulent statement

or representations as to any matter within its jurisdiction.