Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

N.M. Oil Cons. Division P.O. Box 1980

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 3 1,1993

Conversion to Injection

INole: Reponresuitsof multiplecompitiononWdI Completion or Recompletion Report and Log form.)

Dispose Water

DELTHRIME	or or the market	ALL MINLONGAS	Expires: March 3 1 ,1993		
BUREAU OF L	AND MANAGEMENT	Hobbs, NM 8824 ⁴	5. Lease Designation and Seriai No.		
OUNDRY NOTICES AND DEPORTS ON WELLS			NM 90162		
SUNDRY NOTICES AND REPORTS ON WELLS			6. If Indian, Allonee or Tribe Name		
Do not use this form for proposals to dri					
Use "APPLICATION FO	R PERMIT—" for such prop	osais			
CUDMIT	IN TRIPLICA TE		7. If Unit or CA, Agreement Designation		
SOBINIT	IN TRIFLICATE				
Type of Well					
Oil Gas Well Other			8. Well Name and No.		
Name of Operator			Lockhart B-31, Well # 2		
Conoco Inc	9. API Well No.				
Address and Telephone No.	30-025-0484 3 9				
10 DESTA DR. STE. 100W, MIDLAND	10. Field and Pool, or Exploratory Area				
Location of Well (Footage, Sec., T. R. M. or Survey De	Jalmat Gas				
		n v	11. County or Parish, State		
660' FSL & 1980' FWL,					
			Lea, NM		
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE	OF NOTICE, REPOR	RT, OR OTHER DATA		
TYPE OF SUBMISSION					
Notice of Intent	Abandonment		Change of Plans		
572	Recompletion		New Construction		
Subsequent Repon	Plugging Back		Non-Routine Fracrunng		
	Casing Repair		Water Shut-Off		

13. Describe Proposed or Compieted Operations (Clearly state ail 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.)*

Altering Casing

TA Extension

Conoco requests an extension of the current TA status for the above listed well. This well was pressure tested on 12-3-96.

We wish to keep this well in TA status while it is being evaluated for potential remedial in the Jalmat pool during the next 12 months.

APPROVED FOR _____ MONTH PERIOD DEC 03 1999

14. I hereby certify that the foregoing is true and correct Signed	Title	Bill R. Keathly Sr. Regulatory Specialist	Date _	11-20-98
(This space for Federal or State office use) Approved by Conditions of approval if any:	_ Title	4 (ROLEUM E NGINEE R	Date	DEC 0 8 1998

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its junsdiction.

