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

5. Lease Designation and Serial No

SUNDRY NOTICES	AND REPORTS ON WELLS	NM 90162
Do not use this form for proposals to dr	ill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
	IN TRIPLICA TE	7. If Unit or CA, Agreement Designation
1. Type of Well Oth. Gas Well Well Other		8. Well Name and No.
2. Name of Operator Conoco Inc		Lockhart B-31 #8
3. Address and Telephone No.		9. API Well No.
10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580		30-025-04856 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage. Sec., T. R. M. or Survey Description)		Eunice 7 Rivers Queen
1980' FSL & 660' FEL, Sec. 31, T21S, R36E, I		11. County or Parish, State
		Lea, NM
	s) TO INDICATE NATURE OF NOTICE, REPOR	T, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
521	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing Renew TA Status	Conversion to Injection
	Other Renew IA Status	Dispose Water Note: Report results of multiple completion on Well
should be on file with your office. • We wish to retain this wellbore while we conti	ary Abandonment status for the above referenced well. A	
should be completed within the next 12-18 mo	onths.	
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7/7	Approved Fix 13 Month Period Ending 13/3/2000	
, ,	12/2/2000	
	E Mills we recommended to the second	
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		2
14. I hereby certify that the foregoing is true and correct	December 1979	
Koon le dillon	Reesa R. Wilkes	. 12/20/99
Signed Chia page for Endral or State of Figure 1	Title Sr. Staff Regulatory Assistant	Date12/20/99
A P E FOR LEGIS	Balandas in Contact	11.0/2
Approved by Conditions of approval if any:	Title	Date
DI MICE NIMOCDIAL QUELD DONOR COOT 1007	THE BOOM FIELD	
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST	, FILE ROUM, FIELD	

ny 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 jurisdiction.

