Form 3 160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Co	Division
P.O. Box 1980	
Hohbs, NM 8824	.5

 P. LANGER
FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 3 1 ,1993

11-20-98

DEC 08 1998

s,

5. Lease Designation and Seriai No.

CUNDDY NOTICES	CUMPRY NOTICES AND DEPORTS ON MELLS	
SUNDRY NOTICES AND REPORTS ON WELLS  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		6. If Indian, Allonee or Tribe Name
	IN TRIPLICA TE	7. If Unit or CA, Agreement Designation
1. Type of Well  Gas  Oil  Gas		8. Well Name and No.
Well Well Other  2. Name of Operator		Meyer B-4, Well # 25
Conoco Inc		9. API Well No.
Address and Telephone No.		30-025-20221
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T. R. M. or Survey Description)		Oil Center Blinebry
2100 FGI & 1000 FWI	Co. 4 TOIS DOCE IN ALM WI	11. County or Parish, State
2180 FSL & 1980 FWL	, Sec. 4, T 21S, R 36E, Unit Ltr. 'K'	
		Lea, NM
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
<u></u>	Recompletion	New Construction
Subsequent Repon	Plugging Back	Non-Routine Fracrunng
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other TA Extension	Dispose Water
		iNole: Reponresuitsof multiplecompitiononWdl Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertices and true vertices and true vertices are conoco requests an extension of the current T	il pertinent details, and give pertinent dates, including estimated date of startinical depths for all markers and zones pertinent to this work.)  A status for the above listed well. This well was pressuring a complete evaluation of the well as an injection well 2 to 18 months.	re tested on 12-3-96.  for the Oil Center Blinebry  R  12  MONTH PERIOF.
14. I hereby certify that the foregoing is true and correct	Bill R. Keathly	

or representations as to any matter within its junsdiction. GWW

(This space for Federai or State office use)

Approved by \_\_\_\_\_\_\_ Conditions of approval if any:

Code Oth

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

Title Sr. Regulatory Specialist

LES BABYAR