| Form 3 160-5 (June 1990) | UNITED STATE DEPARTMENT OF THE I BUREAU OF LAND MAN | N.M. Oil Cons. Division NTERIOR.O. Box 1980 AGEMEN Hobbs, NM 88241 | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 3 1,1993 5. Lease Designation and Seriai No. |
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| 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 | | | LC 030556B 6. If Indian, Allonce or Tribe Name |
| | 7. If Unit or CA, Agreement Designation | | |
| 1 Type of Well Oil Gas 2 Name of Operator CONOCO INC. 3. Address and Telephone No 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424 4. Location of Well (Footage: Sec., T. R. M. or Survey Description) 660' FNL & 1980' FEL, SEC. 12, T 23S, R 36E, UNIT LTR 'B' | | | 8 Well Name and No. STEVENS B #6 9. API Well No. 30-025-10709 10. Field and Pool, or Exploratory Area LANGLIE MATTIX 11. County or Parish, State |
| | | | LEA, NM |
| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT | | | T, OR OTHER DATA |
| Notice of Inte Subsequent R Final Abando 13. Describe Proposed or Compieto give subsurface locations | epon nment Notice ed Operations (Clearly state ail pertinent details, a and measured and true vertical depths for all m D RENEW THE TA STATUS FOR | Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other <u>RENEW TA STATUS</u> arkers and zones pertinent to this work.)* THE ABOVE LISTED WELL, ATTACH BE EVALUATED FOR JALMAT POTE | IED IS A CIT CHART |
| | APPROVE Ending | D FOR 22 MONTH PERIOD | |
| 14. L hereby certify that the foreg Signet (This space for Federai or Sta Approved by Conditions of approval if any BLM(6), NMOCD(1), B | te office use)) DAVID R. GLASS Title | Bill R. Keathly Sr. Regulatory Specialist PETROLEUM ENGINEER | Date 10-11-96 |
| | es it a crime for any person knowingly and willf | fully to make to any department or agency of the United S | tates any false, fictitious or fraudulent statem ents |

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*See Instruction on Reverse Side