

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
.O. BOX 1980
MORRIS NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.
LC 031695B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Warren Unit No. 22

9. API Well No.
30-025-07854

10. Field and Pool, or Exploratory Area
Warren McKee Simpson

11. County or Parish, State
Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other Injection

2. Name of Operator
Conoco, Inc.

3. Address and Telephone No.
10 Desta Dr. Ste 100W, Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2090' FSL & 2090' FWL
Sec. 29, T20S, R38E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Casing Integrity Test
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

It is proposed to perform a casing integrity test on this well in preparation for temporary abandonment.

This wellbore will be evaluated during the next year for shallower potential in the Blinberry and Tubb formations. Recent success in expanding the development area of these formations in the Warren Unit warrant their evaluation in this wellbore before plugging.

14. I hereby certify that the foregoing is true and correct

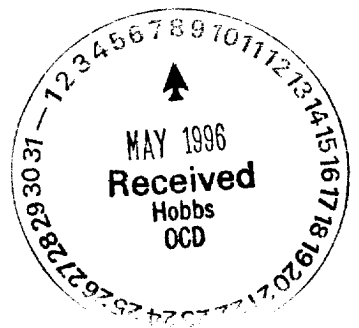
Signed Jerry Hoover Title Sr. Conservation Coordinator Date 4/17/96

(This space for FORIC SSB, JOE G. LARA)

Approved by FORIC SSB, JOE G. LARA Title PETROLEUM ENGINEER Date 5/6/96

Conditions of approval, if any: See attached. Tests to be performed within 90 days.

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 jurisdiction.



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6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Warren McKee

8. Well Name and No.

22

9. API Well No.

30-025-07854

10. Field and Pool, or Exploratory Area

Warren McKee Simpson

11. County or Parish, State

Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

Injection

2. Name of Operator

Conoco, Inc.

3. Address and Telephone No.

10 Desta Dr. Ste 100W, Midland, TX 79705 (915) 686-6548

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2090' FSL & 2090' FWL
Sec. 29, T-20S, R-38E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other Casing Integrity Test
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

It is proposed to perform a casing integrity test in this well in preparation for temporary abandonment.

During the next year while T&A'd, up hole potential from the Tubb through Yates formations will be evaluated before proceeding with the plugging of this well.

14. I hereby certify that the foregoing is true and correct

Signed

[Signature]

Title

Sr. Conservation Coordinator

Date

4/1/96

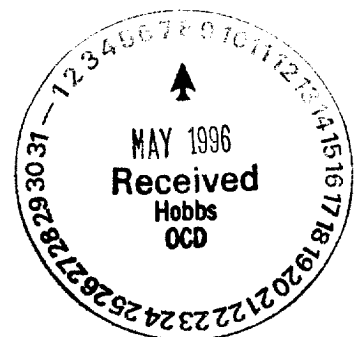
(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:



(Rev: 1/12/95)

BUREAU OF LAND MANAGEMENT
CARLSBAD RESOURCE AREA

Temporary Abandonment of Wells on Federal Lands

Conditions of Approval

Temporary Abandonment (TA) status approval requires: A) Successful Casing Integrity Test and, B) Successful Bradenhead Test.

Any temporary abandonment request must be submitted on a Sundry Notice (Form 3160-5), one (1) original signature and five (5) copies, and include the following:

1. Justification why the well should be temporarily abandoned rather than permanently plugged and abandoned.
2. Description of the temporary abandonment procedure.
3. A complete wellbore diagram shown as temporarily abandoned.
4. The anticipated date the operations will occur.

Contact the appropriate BLM office at least 48 hours prior to the scheduled Casing Integrity and the Bradenhead Tests. For wells in Eddy County call (505) 887-6544 ; for wells in Lea County call (505) 393-3612.

A) Casing Integrity Test for TA:

1. Install an isolation device (such as a retainer or bridge plug) within 50' to 100' of the top perforation or cement plug that extends at least 50' above each set of open perforations. Unless prior approval is granted by the Authorized Officer, fill the well bore with conditioned, non-corrosive fluid and shut-in at the surface. If a cement plug is used, the top of the cement must be verified by tagging. If the wellbore had more than one producing horizon, the lower set(s) of perforations or open hole must meet the requirements for permanent plug to abandonment, unless justification is provided by the operator not to do so.
2. A test demonstrating casing mechanical integrity is required. An approved method is a pressure test of the casing and uppermost plug. The pressure test conducted shall be a minimum of 500 psi surface pressure with less than 10 percent pressure drop within thirty (30) minutes. In no event shall the pressure test required exceed seventy (70) percent of the internal yield of the casing. In the case of an unsuccessful test, the operator shall either correct the problem or plan to plug and abandon the well. Alternative methods demonstrating casing mechanical integrity may be approved by the Authorized Officer on a case-by-case basis.

B) Bradenhead Test for TA:

1. Record the pressure measured on each casing string, including intermediate casing, using deadweight or calibrated pressure gauge.
2. Open the bradenhead valve to the atmosphere. If gas or water flow is observed or indicated, flow the bradenhead for a minimum of fifteen (15) minutes and record pressures at five (5) minute intervals on the production, intermediate and surface casing. Describe in detail any fluids flowing from the bradenhead including measured or estimated rates of flow. A water and/or gas analysis may be required.

Wells that successfully pass the casing integrity test and the bradenhead test will be approved for Temporary Abandonment (TA) status for 12 months provided that the operator:

1. Submits within thirty (30) days a subsequent Sundry Notice (one (1) original signature and five (5) copies) requesting TA approval.
2. Attaches a clear copy or the original of the pressure test charts.

If the well does not pass the casing integrity test and/or the bradenhead test, then the operator shall within 90 days submit to BLM for approval one of the following:

1. A procedure to repair the casing so that a TA approval can be granted.
2. A procedure to plug and abandon the well.



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6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WARREN UN MCKEE #22 <003128

9. API Well No.

30-025-07854

10. Field and Pool, or Exploratory Area

WARREN MCKEE SIMPSON <63270>

11. County or Parish, State

LEA, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other INJECTION WELL

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2090' FSL & 2090' FWL, SEC. 29, T-20S, R-38E, UNIT LTR 'K'

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: RUN NEW TBG
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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2-28-94 MIRU. POOH W/ TBG & PACKER. GIH W/ NEW LOCKSET PACKER SET @ 8900' AND 289 JTS
2 3/8" TBG SET @ 8913'. CIRC 210 BBLs PACKER FLUID. TEST CSG TO 500# FOR 30 MIN. HELD.
CUT CHART.
3-1-94 RDMO. RETURN WELL TO INJECTION, CHART ATTACHED.

14. I hereby certify that the foregoing is true and correct

Signed *[Signature]*

Title SR. REGULATORY SPEC

Date 3-21-94

(This space for Federal or State of Approval)
FOR RECORD ONLY

Approved by _____

Title _____

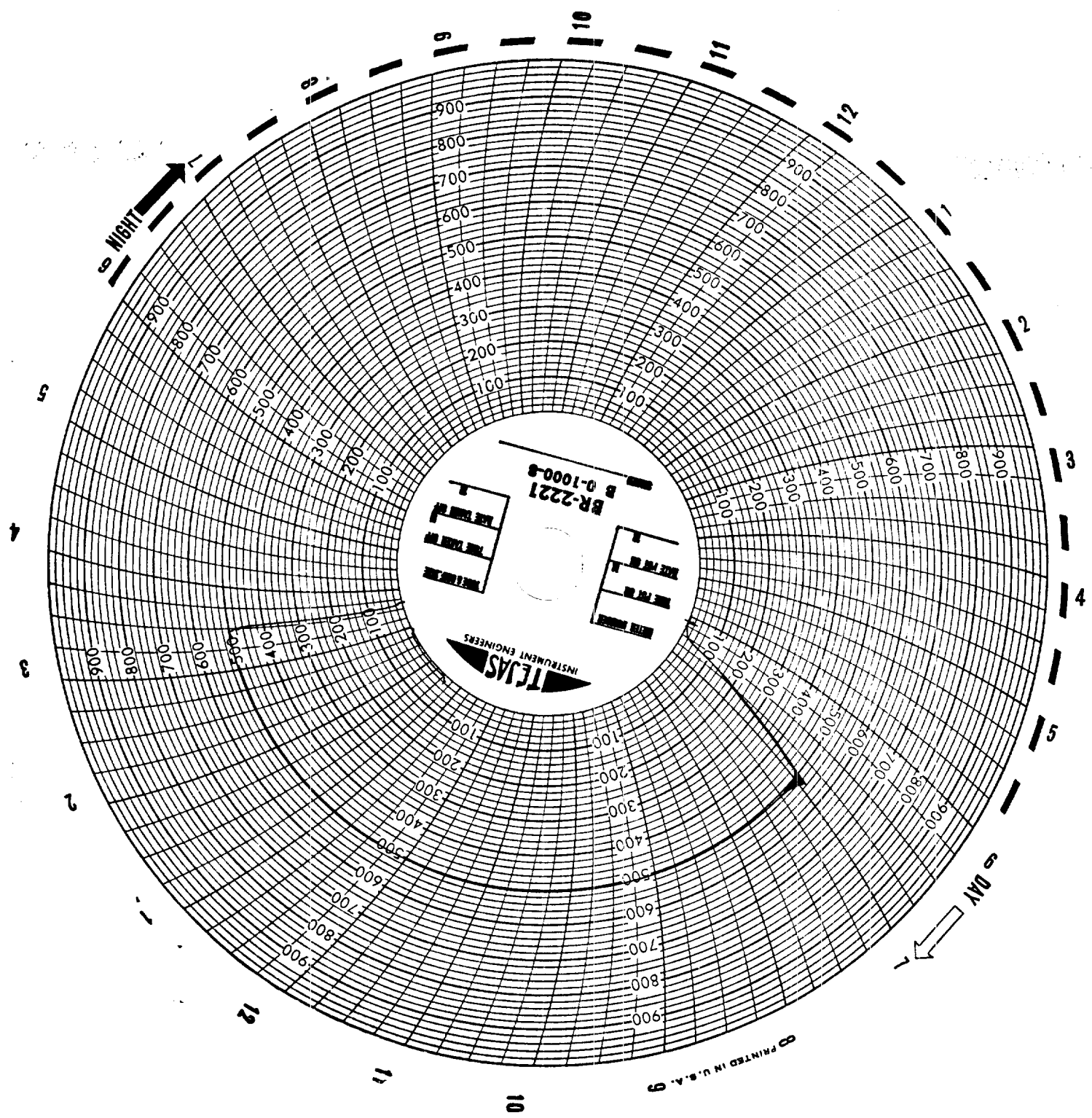
Date **MAY 31 1994**

Conditions of approval, if any:

RECEIVED

MAY 23 1994

OFFICE



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