

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, 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 0634580

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**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)

660' FSL, & 1980' FEL, SEC. 34, T 20S, R 38 E UNIT LTR '0'

8. Well Name and No.

WARREN UT BLIN/TUB WF #13

9. API Well No.

30-025-07881

10. Field and Pool, or Exploratory Area

WARREN BLINEBRY TUBB O&

11. County or Parish, State

LEA, NM

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

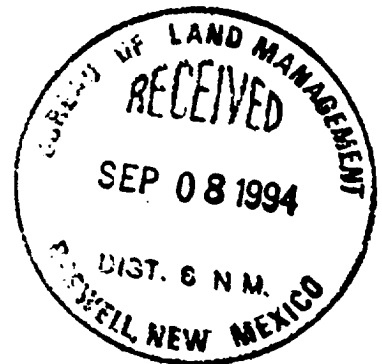
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>REPLACE TBG.</u>
	<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.)\*

6-2-94 MIRU. POOH W/ 2 3/8" TBG & PACKER. GIH W/ PACKER SET @ 5741'.  
GIH W/ NEW 2 3/8" TBG SET @ 5741'. TEST CSG TO 530 PSI FOR 30 MIN- HELD.  
COPY OF CHART ATTACHED.  
6-3-94 RDMO. RETURN WELL TO INJECTION.

*J. Lara*  
- 7 1994



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

Signed *David R. [Signature]*

Title SR. REGULATORY SPEC

Date 9-1-94

(This space for Federal or State office use)

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

Title \_\_\_\_\_

Date \_\_\_\_\_

BUREAU OF LAND MANAGEMENT  
**RECEIVED**  
SEP 08 1994  
DIST. 6 N.M.  
RUSSELL SPRING

