

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Warren Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 20
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Warren Blinberry Lake Unit
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec 34-20S-38E
12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) repair casing leak; perf	

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

17. 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.)

MIRU. Rel pkr. Spot 27 bbls xylene from 6020'-5368'. Flush w/21 BTFW. Run CBH from 6019'-3975' & cmt. evaluation log from 6026' to surface. Spot 150 sx class "H" cmt & .3% halad 4 from 6030'-5600'. DO cmt. from 5568' to TD. Set liner w/TOL @ 5347'. Cmt. liner w/BI sx class "H" cmt w/.3% CFR-2. DO cmt. to liner top @ 5347'. Set pkr @ 5317'. Test TOL to 2000 psi for 1 hr. Swabbed. DO 5' of cmt to TOL. DO liner to float shoe. Set pkr @ 5360' & test liner to 1850 psi for 30 mins. Rel pkr & spot 10 bbls 5% acetic acid from 6020'-5515'. Perf 5890'-5934' & 5962'-6020' w/4 JSPF for total of 416 holes. Spot 2 1/2 bbls 15% HCL-NE-FE across perfs 5890'-6020'. Circ. 200 bbls pkr fluid & set pkr @ 5795'. Pumped 50 bbls HCL-NE-FE & flush w/30 bbls TFW. Place on inj. Inj. 342 BWPD @ 1056 psi on 12/27/84.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 2/28/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

RECEIVED

MAR -7 1985

O.C.C.
H2300 OFFICE