

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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

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)

2086'
2026' FNL & 554' FWL
Sec. 20, T-20S, R-38E

5. Lease Designation and Serial No.

LC 0316708

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SEMI Warren McKee

8. Well Name and No.

53

9. API Well No.

30-025-0783300

10. Field and Pool, or Exploratory Area

Warren McKee

11. County or Parish, State

Lea

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

- ☐ 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 repair a casing leak in this well according to the following procedure:

1. With RBP & packer, isolate casing leak between 5516' & 5200'.
2. Set cement retainer at 5200'.
3. Pump 100 sxs of Class C cement w/2% CaCl.
4. WOC for 24 hrs. and then drill out cement.
5. Contact NMOCDC & BLM 24 hrs prior to CIT.
6. Return well to injection.

RECEIVED
MAR 8 11 01 AM '94
CARE AREA

Subject to
Like Approval
by State

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

Signed

[Signature] Title Sr. Conservation Coordinator

Date 3/7/94

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date 3/28/94

Conditions of approval, if any:

RECEIVED

MAR 30 1934

U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY