

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

5. Lease Designation and Serial No.
LC 031670B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
WARREN MCKEE No. 7

9. API Well No.
30-025-07847

10. Field and Pool, or Exploratory Area
WARREN MCKEE SIMPSON

11. County or Parish, State
LEA, NM

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

2. Name of Operator
CONOCO INC.

3. Address and Telephone No.
10 Desta Drive STE 100W, Midland, TX 79705 (915) 686-6551

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

660' FNL, 1980' FEL
SEC. 29, T-20S, R-38E, UNIT LTR 'B'

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 ESP SHAFT BROKE
☐ 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.)*

9-12-94 MIRU. POOH W/TBG & SUB PUMP. PUMP BAD. MOTORS. RIH W/TBG OPENED ENDED. RIGGED DOWN. 9-13-94

J. Lane
- 6 1994



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

Signed

Pat Phister

Title

STAFF REGULATORY ASSISTANT

Date

9-21-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: