

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions re-
verse side)

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 GAS WELL OTHER

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit K

5. LEASE DESIGNATION AND SERIAL NO.
LC-063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Warren Unit

9. WELL NO.
46

10. FIELD AND POOL, OR WILDCAT
Blinbry Oil & Gas/Warren Tubbs Oil

11. SEC., T., R., M., OR BLE. AND SUBST. OR AREA
Sec. 26-205-38E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.
30-025-25562

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

① MRO on 4-22-86; POOH w/ pump, WITH w/ csg scraper to 6702',
 ② set pkr @ 5895'. Pumped 57 bbls of 75/25 mix of 15% HCL & xylene; flushed w/ 50 bbls TFW. Swab.
 ③ POOH w/ pkr, WITH w/ prod. tbg.
 ④ WITH w/ pump and rig down on 4-26-86.
 ⑤ Test pumped 23 BO, 39 BW, & 50 MCF on 4-30-86.

ACCEPTED FOR RECORD
Gov
 MAY 9 1986
 CARLSBAD, NEW MEXICO



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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE 5-5-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side