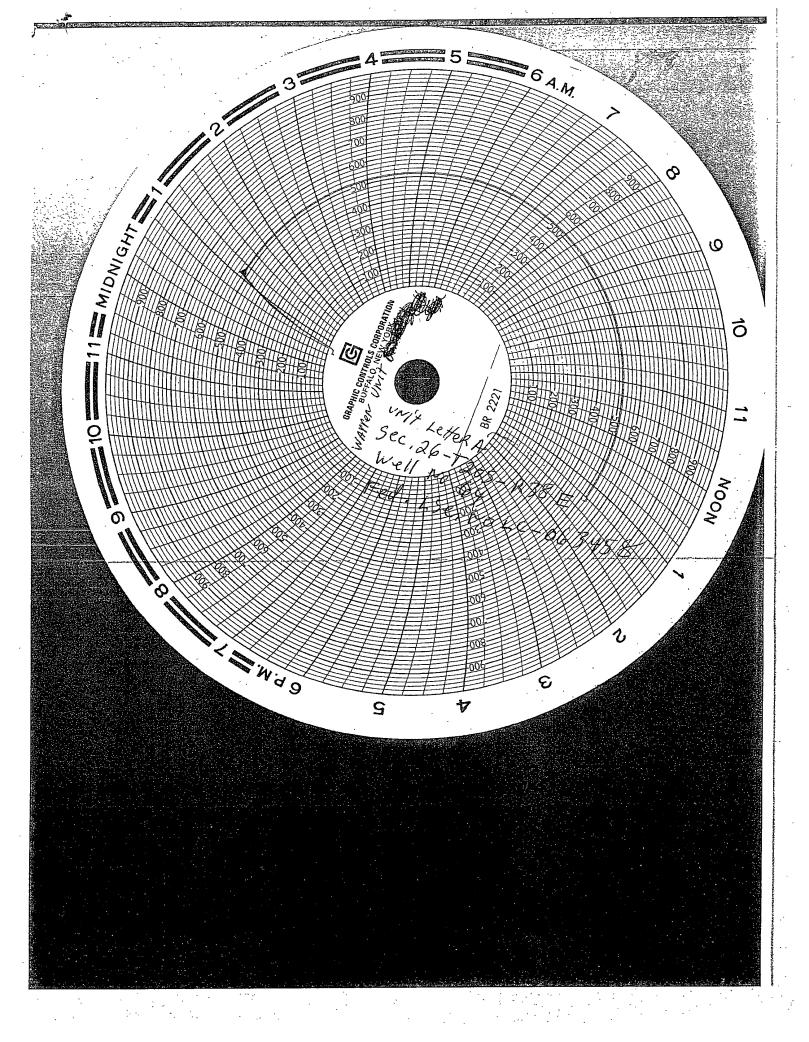
Form Steel Color Of C	re-enter an
SUBMIT IN TRIPLICATE- Other instructions on r	
1 Type of Well ☐ ☐ Gas Well ☐ ☐ Other	Warren Unit  8. Well Name and No.
2 Name of Operator ConocoPhillips Company	Warren Unit B/T # 64  9. API Well No.
3a Address 3b Phone No. ( P.O. Box 51810 Midland, Tx 79710 432-688-694	(include area code)  30-025-26206  10. Field and Pool, or Exploratory Area
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)	Warren Blinebry/Tubb O&G
660 FNL & 660 FEL UL: A of 26-20S-38E	11. County or Parish, State  Lea County, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE N.	ATURE OF NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Acidize Deepen  Alter Casing Fracture Treat  Casing Repair New Construct  Change Plans Plug and Abart  Convert to Injection Plug Back	ction Recomplete VOther MIT
13 Describe Proposed or Completed Operation (clearly state all pertinent details, including the proposal is to deepen directionally or recomplete horizontally, give subsurface. Attach the Bond under which the work will be performed or provide the Bond No. of following completion of the involved operations. If the operation results in a multiple testing has been completed. Final Abandonment Notices must be filed only after all determined that the site is ready for final inspection.	locations and measured and true vertical depths of all pertinent markers and zones in file with BLM/BIA. Required subsequent reports must be filed within 30 days a completion or recompletion in a new interval, a Form 3160-4 must be filed once requirements, including reclamation, have been completed, and the operator has
As per the approved sundry dated 2/2009, please find attached the MIT	
	APPROVED
After 2-20-10 the well must be online	FEB 2 0 2009

Submit plans For well by 12/1/09

BUREAU OF LATE MANAGEMENT CARLSBAD . TO OFFICE

	,			
14. I hereby certify that the foregoing is true: Name (Printed/Typed)	and correct			
Donna Williams	Title	Sr. Regulatory Specialist		
Signature	Date	e 02/09/2009		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by	augist	TRICT 1 SUPERVISO	ate FEB 2 6 2009	
Conditions of approval, if any, are attached Appropriately that the applicant holds legal or equitable to which would entitle the applicant to conduct operations.	ttle to those rights in the subject lease	Office	,	
T'41- 10 11 C C4' 1001 1 T'41- 42 11 C C C4	tion 1212 make it a prime for our norman	an Improvingly, and willfully to make to any	department or agency of the United	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



Lency awards Would 12-108