Form 3160-5 (June 1990)

C. 41TED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED N.M. Oil Cons. Divingings, March 31, 1993

	P.O. Box 1980	5. Lease Designation and Seria	No.
		LC 03I622A	
SUNDRY NOTICES AND REPORTS ON WELLYODDS, NM 8824;		6. If Indian, Allottee or Tribe Na	me
Do not use this form for proposals to drill or to dee Use "APPLICATION FOR PERMIT" for	•		
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	
1. Type of Well			
X OH Gas INJECTION		8. Well Name and No.	
Well Well Other 2. Name of Operator		Klein Federal	
CONOCO INC.		9. API Well No.	
3. Address and Telephone No.			
10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 (915) 684-6381		30 025 33761 10. Field and Pool, or Explorate	ory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Wildcat Wolfcamp	•
SURFACE: 2310 FSL & 1650' FEL		11. County or Parish, State	
TD: SEc II, T20S, R36E		Lea County, New Mexico	
12. CHECK APPROPRIATE BOX(s) TO IND	ICATE NATURE OF NOTICE, REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans	
•	Recompletion	New Construction	
X Subsequent Report	Plugging Back	Non-Routine Fracturing	
	Casing Repair	Water Shut-Off	
Final Abandonment Notice	Aftering Casing	Conversion to Injection	
	X Other: Spud & set casing	Dispose Water	
		(Note: Paperi results of multiple completion	on Well
	tinent details, and give pertinent dates, including estimated date of start	Completion or Recompletion Report and La	(form.)
+ 2% CaCl + 2/10 SMS, tailed with Tested 500#-held. I-4-97: Ran 3968' of 8 5/8", 32#,J-55 casir	ng, cemented with lead slurry of 700 sx CI C + 16% tailed with l80 sx CI C + 1% CaCl2. Circulated 199	5 gel	RECEIVED FEB 3 '97
			COSWELL, NM
			RECEIVED
	ACCEPTED FOR	10/25 7	- Elmo
	ORIG. SGD.) DAV FEB 0 5 10	ID R GLASS	FB 🖽 '97
	FEB U 5 75	97 T	
	BLM		180 M
14. I hereby certify that the foregoing is true and opplect			
a touch	Ann E. Ritchie	D 4 07	
(This space for Federal or State office use)	te REGULATORY AGENT	Date 2-1-97	
Assessed by	u _	D-t-	
Approved by Ti Conditions of approval, if any:	08	Date	
	y and willfully to make to any department or agency of the United States	any false, fictitious or fraudulent	
statements or representations as to any matter within its jurisdiction.			