Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
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 [X] GAS WELL [ ] OTHER	5. LEASE DESIGNATION AND SERIAL NO.: LC-031670B
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
	7. UNIT AGREEMENT NAME:
2. NAME OF OPERATOR: Conoco Inc.	8. FARM OR LEASE NAME: Warren McKee
3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO.: 27
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 2310' FEL - Unit Letter O	10. FIELD AND POOL, OR WILDCAT: Warren McKee
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 20-20S-38E
14. PERMIT NO.: 30-025-07830	15. ELEVATIONS (Show whether DF, RT GR, etc.)
	12. COUNTY OR PARISH: Lea | 13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other)	[X]
(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.)*

Work started on 2/9/88 and was completed 2/12/88.
MIRU. POOH w/ESP. Acidize gravel pack and formation w/120 bbls 15% HCl-NE-FE acid w/6% Matrisead diverting agent and 165 gals Unichem Techni-Hib 756. Swab well. Run ESP & tbg and rig down

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

SIGNED [signature] TITLE Administrative Supervisor DATE April 22, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side SJS

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or