

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
Other Instruction 1-76
Reverse Side

LEASE DESIGNATION AND SERIAL NO.
LC-031676B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ <u>Injection</u>	7. UNIT AGREEMENT NAME <u>SEMU</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>SEMI-WARREN McKee</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs NM 88240</u>	9. WELL NO. <u>#62</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit letter K 1980 FSL & FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Warren McKee</u>
14. PERMIT NO. <u>3-025-07835</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 20, T20S R38E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Log</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) <u>Clean-out, Stimulate</u>	

(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.)

1/16/90 Clean-out to 9164'. Perf. McKee w/2 TSPF @ 9070-9090, 9110-9130, 9142-9146 & 9158-9175 (128 puffs). Set pks @ 8670'. Pressure up to 500#. Acidize/CLU₂ treat McKee puffs w/200 Bol HCL-NE-FE acid, 0.3% Dichlor-S 200 Bol, 1260# salt and flush w/56 Bol 10ppg brine. Release pks. Running equipment. Circ. 170 lbs pks fluid. Land pks @ 8828'. Pressure test csg. to 500# for 15 mins. Held. Return to injection. See attached Chart

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

SIGNED

H.F. Ingram

TITLE

Conservation Coordinator

DATE

2/2/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FOR RECORD ONLY

*See Instructions on Reverse Side

