

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other	5. Lease Designation and Serial No. LC 031695B
2. Name of Operator Conoco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FWL, SEC ²⁷ 28, T-20S, R-38E, UNIT LTR 'E'	8. Well Name and No. WARREN UN BLINE-TUBB #9
	9. API Well No. 30-025-07841
	10. Field and Pool, or Exploratory Area WARREN BLINEBRY-TUB O&G
	11. County or Parish, State LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other ACIDIZE	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

3-17-92 MIRU. POOH W/ PUMP. KILLED WELL W/ 90 BBL 10% BRINE. POOH W/ TBG.
RIH W/ 4 3/4" BIT & 6- 3 1/2" D.C. ON 2 7/8 WS. TAGGED UP @ 6335'. DO CIBP.
TESTED CIBP TO 3500#. TREAT BLINEBRY & TUBB W/ 4000 GAL 15% NEFE HCL.
ACID-FRAC W/ 8000 GAL X-LINKED 15% NEFE HCL & 2000 GAL GELLED 15% NEFE HCL W/
1000# ROCK SALT.
RIH W/ PRODUCTION EQUIP.
RDMO.
RETURNED WELL TO PRODUCTION.

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

Signed [Signature] Title SR. REGULATORY SPEC. Date 5-28-92
(This space for Federal or State Office Use)
Approved by [Signature] Title _____ Date _____
Conditions of approval, if any JUN 9 1992