

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other Instruct. on reverse side)

Record Bureau No. 100-100-100
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.)

LEASE DESIGNATION AND SERIAL NO.
LC-031695A

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

Warren Unit McKee

FARM OR LEASE NAME

WELL NO.

#4

FIELD AND POOL, OR WILDCAT

Warren McKee

SEC., T., R., E., OR BLK. AND SURVEY OR AREA

Sec. 29, T20S, R38E

COUNTY OR PARISH

Lea

STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit letter L

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

11-21-89 Notified OCS and BLM prior to R.U. Killed well w/150 Bbls 10# brine. Clean out w/csg scrp. Set RBP @ 8347'. Circ. 468 Bbl PK fluid. Test csg. to 500# for 15 min. Held. Chart attached. Well TA

APPROVED FOR 12 MONTHS

ENDING 2/1/90

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

SIGNED **W.W. Baker** W.W. Baker

TITLE **Adm. Supervisor**

DATE **1/29/90**

(This space for Federal or State office use)
Orig. Signed by Admin. Serv. Ch.

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE **2.5.90**

*See Instructions on Reverse Side

RECEIVED

FEB 7 1980

HONOLULU

6 P.M. = 7

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MIDNIGHT

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6 A.M.

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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Warden Nicolle #4
11-21
1939

BR 2221

