N. M. DIL CONS. COMMISSIÓN P. O. BOX 1980 HOBBS, NEW MEXICO 89240

JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side

Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-03/695@
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	Warren Unit (NMFU)
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OF LEASE NAME
1. oil gas	Warren Mckee
well well other	9. WELL NC.
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	1 1.1 11 12
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 29, T-205, R-38E
AT SURFACE: /980'FSL & GLO'FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AFI NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	(MESA)
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING 1 10 10 10 10 10 10 10 10 10 10 10 10 10	(NOTE Report results of multiple completion or zone
MULTIPLE COMPLETE 9 19	981 Change on Form 9–330.)
CHANGE ZONES ABANDON* CHANGE ZONES CHANGE ZONES CHANGE ZONES	5
U.S. GEOLOGICAL	SHEWEY
ROSWELL, NEW /	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d 	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertiner	t to this work.)*
MIDU CUI I DI I O	
MIRU. GIH w/ csg. gun. Perf at 90	18-9020, 9025-9029,
9032-9034 m/ 4JSPF. Run product	tion equipment. Set
pkr. at 9026! Test.	<i>U</i> .
pr. 26. 1851.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	_
	son Date October 8, 1981
SIGNED WILL LILLE Administrative Supervi	SOM DATE VCTODER 0, 1/0/
(This space for Federal or State offi	ce use)
APPROVED BY Sgd.) PETER W. CHESTER	DATE
CONDITIONS OF APPROVAL, IF ANS: 1981	
001 10 .00	