		Form approved.
Form 3160-5 UN TI	O STATES SUBMIT IN TRIP (Other instruction of THE INTERIOR verse side)	Budget Bureau No. 1004-0135 Expires August 31, 1985
November 1983) Formerly 9-331) DEPARTMENT C	OF THE INTERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	AND MANAGEMENT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES A (Do not use this form for proposals to drill Use "APPLICATION FOR	ND REPORTS ON WELLS 632.40 to to deepen or plug back to a different reservoir. R PERMIT—" for such proposals.)	
1.		7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER		8. PARM OR LIBASE NAME
2. NAME OF OPERATOR CONOCO INC.		Warren Unit
3. ADDRESS OF OPERATOR	NI M. 00240	9. WELL NO. 47
P. O. Box 460, Hobbs, N.M. 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*		10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) Unit H		Warren Tubboil/Blinebry alé
		11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
1650' FNL & 710' FEL		Sec 29 -T205 - 838F
14. PERMIT NO. 15. ELEV.	ATIONS (Show whether DF, BT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
30-025-25828		Lea NM
16. Check Appropriate	e Box To Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO:	so	BREQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR AL	TER CASING WATER SHUT-OFF	repairing well
FRACTURE TREAT SHOOT OR ACIDIZE ABANDON*	COMPLETE FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT
REPAIR WELL CHANGE PL.	ANS (Other) Down	hole Communale
(Other)		esults of multiple completion on Well completion Report and Log form.)
MIRU on 6/7/85. Per pump, the fronts. Tag @ 6680. Bottom per and milled for 2hrs oyster shells and go scale sqz & flush. Test pumped 28	port w/ Blinebry pump, the par @ 6470'. Cut pair for for 6660 without making any holdined circ. Wilt w/pkr (WIH w/ they, pump, and BO, 34 BW & 20 MCF on	ree. Tage 6658. PBTD , wash down to 6690' le. Lost circ. Pumped @ 6655' and set pump, rods. Place on production 7/2/85.
	Sec Com	
-	OCT 4 1985	
	CAPISTAD, NEW MIXICO	mp
18. I hereby certiff that the foregoing is true and	TITLE Administrative Supervisor	0 22 95
SIGNED The Contraction of the signed	TITLE THE THE TOTAL TOTAL	DATE 9-23-85
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
- CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Month of Strick