

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
Other instruction
Reverse side

NOTE

LEASE DESIGNATION AND SERIAL NO.

LC-031695B

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 ☐

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 N

14. PERMIT NO. 30-025-07853

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Warren Unit - McKee

9. WELL NO.

#6

10. FIELD AND POOL, OR WILDCAT

Warren McKee

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T.20S, R.30E

12. COUNTY OR PARISH 13. STATE

Lea NM

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) Re-perf & Gravel Pack

PULL OR ALTER CASING

MULTIPLE COMPLETION

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.)

It is proposed to Re-perf and gravel pack this well as follows:
1. MIRM 2. CO wellbore to 9160' and check for csg. leaks 3. R1H & set
dumppacker @ 9134' 4. Reperf McKee sand 5. R1H w/GP assembly
6. Gravel pack well 7. Run GP log 8. Acidize gravel pack & perfs.
9. Perform scale inhibitor squeeze 10. R1H w/test ESP equip.
11. Production test well. 12. POOH w/test ESP equip 13. R1H
w/properly sized ESP equip. 14. RDMO

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

3-20-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-21-90

*See Instructions on Reverse Side