Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-031695B
6. 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 Injection
7. UNIT AGREEMENT NAME: Warren Unit McKee
2. NAME OF OPERATOR: Conoco Inc.
8. FARM OR LEASE NAME:
3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs, NM 88240
9. WELL NO.: #22
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit K 2090/S + W
10. FIELD AND POOL, OR WILDCAT: Warren McKee
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 29, T20S-R38E
14. PERMIT NO.: 30-025-07854
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
12. COUNTY OR PARISH: Lea
13. STATE: NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) C.O., add perfs, treat ☒	
(Other)		(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.)*

10-23-89 - C.O. to 9160'. Spot 23 Bbls 15% HCL-NE-FE. Perf. - 8954-60, 8963-73, 8985-9020, 9024-34, 9038-48 + 9052-9079 w/2 JSPF. Pump 25 Bbls 15% HCL-NE-FE acid. Closed pkr by-pass + pump 4 stages, acid, Dichlor-5 + salt block. Load + test backside to 500 psi w/chart. O.K. Return to injection.

RECEIVED
NOV 13 1989
HOBBS, NEW MEXICO

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

SIGNED W W Baker W. W. Baker TITLE Administrative Supv. DATE 11-9-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side