

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-07854
5. Indicate Type of Lease <input checked="" type="checkbox"/> FEE <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection

2. Name of Operator Conoco Inc.

3. Address of Operator P.O. Box 460 - Hobbs, NM 88240

4. Well Location
Unit Letter K : 2290 Feet From The South Line and 2290 Feet From The West Line

Section 29 Township 20S Range 38E NMPM 38a County

7. Lease Name or Unit Agreement Name
Warren Unit McKee

8. Well No. #22

9. Pool name or Wildcat
Warren McKee

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>C.O., add pay, treat</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE W.W. Baker W.W. Baker TITLE Administrative Supr. DATE 11-9-89
TYPE OR PRINT NAME TELEPHONE NO. 7-5800

(This space for State Use)
Orig. Signed by Paul Lautz Geologist
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 14 1989