

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT THIS TRIPPLICATE
(Other instruction
verse side)

Budget Bureau No. 100-01
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 RECEIVED

(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 Well	7. UNIT AGREEMENT NAME Warren Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME Warren Unit-McKee
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 2090' FSL & 2090' FWL	10. FIELD AND POOL, OR WILDCAT Warren McKee
14. PERMIT NO. 30-025-07854	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T20S, R38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3519'	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) ☐	

(Other) Clean-out, perf, stimulate, test ☒ (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.*

1. MIRU. NU BOP. Clean out to 9161'.
2. Pickle workstring and spot acid. Pump 750 gals of 15% HCl-Ne-Fe acid followed by 35 bbls of completion fluid. Reverse out two tubing volumes with completion fluid. Drop bit, spot 5 bbls of 15% HCl-Ne-Fe acid as a balanced plug by displacing w/ completion fluid.
3. Perforate the following intervals: 8954-8960
8963-8973
8985-9020
9024-9034
9038-9048
9052-9077
4. Acidize/CL02 Treatment. Set packer @ 8670'. Treat w/15% HCl-Ne-Fe acid, 10 ppg brine, 2 lb/gal 100 mesh salt and Exxon Chemical Co. DIKLOR-S (CL02) mixed with completion fluid. Shut-in for 1 hour.
5. Set injection packer at 8670' and circulate packer fluid.
6. Approx. 2 weeks after the well is stimulated, run an injection profile log.
7. Perform a step rate test after injection profile.

For further technical information please contact John McCafferty at 397-5865.

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

SIGNED W.W. Baker TITLE Administrative Supervisor DATE July 19, 1989

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: [Signature] DATE 8-4-89

CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side

RECEIVED

AUG 7 1989

**OCD
HOBBS OFFICE**