

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS COMMISSION  
P.O. BOX 1986  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other SWD WELL

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

<sup>24</sup><sub>25</sub> FSL & 2145' FEL, SEC. 29, T-20S, R-38E, UNIT LTR 'O'

5. Lease Designation and Serial No.

LC 031695B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WARREN UNIT #24

9. API Well No.

30-025-07856

10. Field and Pool, or Exploratory Area

~~SWD~~ SAN ANDRES

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other TO CORRECT FIELD

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

THE ABOVE LISTED WELL HAS BEEN COMPLETED AS A SWE WELL IN THE SAND ANDRES FOR SOME TIME AND NOT IN THE WARREN MCKEE AS PREVIOUSLY LISTED. PLEASE NOTE THE CHANGE IN YOUR RECORDS. ATTACHED IS A WELL BORE DIAGRAM.

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

Signed [Signature]

Title SR. REGULATORY SPEC

Date 1-31-94

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title

Date