

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>INJECTION</u>	7. If Unit or CA, Agreement Designation
2. Name of Operator <u>Conoco Inc.</u>	8. Well Name and No. <u>WARREN UN BLINE/TB #20</u>
3. Address and Telephone No. <u>10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424</u>	9. API Well No. <u>30-025-07882</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980' FNL &amp; 660' FWL, SEC. 34, T-20S, R-38E, UNIT LTR 'E'</u>	10. Field and Pool, or Exploratory Area <u>WARREN BLINEBRY/TUBB O&amp;G</u>
	11. County or Parish, State <u>LEA CO., NM</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>REPAIR COMMUNICATION</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

12-14-92 MIRU. POOH W/ TBG AND PKR. REPLACE 2 JTS TBG.  
GIH W/ TBG AND PKR. SET PKR AT 5795'. CIRC PKR FLUID AND TEST  
CSG.  
12-16-92 RDMO, WELL RETURNED TO INJECTION.  
ORIGINAL CHART DELIVERED TO BONNIE AT OCD.

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

Signed

*[Signature]*

Title

SR. REGULATORY SPEC

Date

1-13-93

(This space for Federal or State office use)

Approved by

**FOR RECORD ONLY**

Title

*[Signature]*

Date

**FEB 2 1993**

Conditions of approval, if any:

