

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>LC-063458</b>
2. NAME OF OPERATOR <b>CONOCO INC.</b>	6. IF INDIAN, AGENCY OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, N.M. 88240</b>	7. UNIT AGREEMENT NAME <b>NMFU</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>Unit C</b>	8. FARM OR LEASE NAME <b>Warren Unit</b>
14. PERMIT NO. <b>30-025-25058</b>	9. WELL NO. <b>34</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>660' FNL &amp; 1980' FWL</b>	10. FIELD AND POOL, OR WILDCAT <b>Blinebry Oil &amp; Gas / Tubb</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 34-205-38E</b>
	12. COUNTY OR PARISH <b>Lea</b>
	13. STATE <b>NM</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Downhole Commingle</b>	
(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.)			

MIRU. POOH w/ both Blinebry pump rods and Tubb pump rods. POOH w/ Blinebry tbg. POOH w/ Tubb tbg. Tag @ 6393'. Pumped 350 bbls. TFW & 8 x 8 LCM. Mill scale from 6393' to pkr @ 6394'. Mill on pkr, made 6' of hole in 5 hrs to 6372'. Scale sqz the Tubb perfs, flush w/ 200 bbls TFW. G1H w/ production tbg. G1H w/ pump and rig down. Test pumped 16 BO, 10 BW, & 30 MCF w/ 90' pump submergence.

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

SIGNED

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL

TITLE Administrative Supervisor

DATE 9-11-85

TITLE

DATE

SEP 16 1985

\*See Instructions on Reverse Side

CAPITOL HILL, NEW MEXICO

RECEIVED  
SEP 19 1985  
P.C.D.  
HCA/EC/Office