

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO
SUBMIT AN ORIGINAL
(Other instructions on re-
verse side)

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 GAS WELL OTHER

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface **Unit C**

14. PERMIT NO.
30-025-25058

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
660' FNL & 1980' FWL

5. LEASE DESIGNATION AND SERIAL NO.
LC-063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Warren Unit

9. WELL NO.
34

10. FIELD AND POOL, OR WILDCAT
Blinebry Oil & Gas / Tubb

11. SEC., T., R., N., OR B.L.K. AND SURVEY OR AREA
Sec. 34-205-38E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Downhole Commingle <input checked="" type="checkbox"/>	

(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 sxs 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. GIH w/ production tbg. GIH 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 *Rev. L. Vogel*

TITLE **Administrative Supervisor**

DATE **9-11-85**

(This space for Federal or State office use)

APPROVED BY **FOR RECORD**

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

SEP 16 1985

*See Instructions on Reverse Side

CAPITOL HILL, NEW MEXICO

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the State of New Mexico any false statements or representations as to any matter within its jurisdiction.

RECEIVED
SEP 19 1985
P.C.D.
HEALTH SERVICE