N. M. U. U.S. Luesman Form 3160-5 P. O. BOX 1880 UNI	D STATES SUBMIT IN TRIP!	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
(Formerly 9-331) DEPARTMENT	LAND MANAGEMENT	LC-031670 B
OUNDOW MOTICES	AND REPORTS ON WELLS will or to deepen or plug back to a different reservoir. OR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS OTHER		7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME
2. NAME OF OPERATOR CONOCO INC.		Warren Unit
8. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M.	. 88240	9. WHELL NO.
4. LOCATION OF WELL (Report location clearly as See also space 17 below.)	nd in accordance with any State requirements.	Warren Fabol Blackry Dile
660, ENT É 106	o' FWL	11. SEC., I., R., M., OR BLE. AND 3/1/9 SURVEY OR AREA Sec. 27-205-38E
14. PERMIT NO. 15. E	LEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
16. Check Appropri	rate Box To Indicate Nature of Notice, Report	
NOTICE OF INTENTION TO	1	BUBSEQUENT REPORT OF:
### PRACTURE TREAT MULTIPE ### SHOOT OR ACIDIZE ABANDOR REPAIR WELL CHANGE (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS proposed work. If well is directionally directiona	PLANS (Other) (NOTE: Report Completion or l s (Clearly state all pertinent details, and give pertinent drilled, give subsurface locations and measured and true	results of multiple completion on Well Recompletion Beport and Log form.) t dates, including estimated date of starting any evertical depths for all markers and sones perti-
MIRU. Mill pkr & BTFW. Run prod.	POOH. Chemically inhibit Ti string. Propd. 27 BO, 1	abb perts. Flush wy 92 7BW & 54 MCF on
18. I hereby certify that the foregoing is true	Administrative Supervisor	pare 3/22/85
SIGNED CONT.	TITLE	
(This space for Federal or State office use		DATE
CONDITIONS OF COMPLETE OF CHARACTERS	ECORD TITLE	

APR 3 1985

*See Instructions on Reverse Side

RECEIVED

CHO 24E FOR OUTAPR - 8 1985 O.C.D. O.C.D. HOBBS OFFICE

ODOXEM WENT DEPOSE