

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 U<sup>W</sup>BLINE-TUBB #42

9. API Well No.

30-025-25362

10. Field and Pool, or Exploratory Area

WARREN BLINEBRY-TUB O&G

11. County or Parish, State

LEA, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

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)

1980' FSL & 660' FEL, SEC. 27, T-20S, R-38E, UNIT LTR 'I'

**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 STIMULATE

☐ 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 data, 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.)\*

4-27-92 MIRU. POOH W/ RODS. POOH W/ SHORT STRING. RELEASE PACKER POOH W/ LONGSTRING.  
RIH W/ 6 1/8" BIT & SCRAPER TO 6720'. POOH.  
PERF BLINEBRY 2 SPF AT 6066-6098, 6104-6108, 6172-76, 6190-97 & 6222-6230.  
PERF TUBB AT 6488-96, 6516-6598 & 6602-6676. RIH W/ PPI TOOL.  
TREAT TUBB PERFS W/ 3000 GAL 15% NEFE HCL. POOH W/ PPI TOOL. RIH W/ RBP & PKR.  
SET RBP @ 6720' & PACKER @ 6400'. ACID-FRAC TUBB W/ 8000 GAL X-LINKED 15% NEFE HCL  
AND 2000 GAL GELLED 15% NEFE HCL W/ 30% COW & 1000# ROCK SALT.  
PUH SET RBP @ 6400' W/ 25 SX SAND ON TOP, SET PACKER @ 5835'.  
ACIDIZE BLINEBRY W/ 2000 GAL 15% NEFE HCL. FRAC W/ 23,000 GAL SPECTRA G-3000 X-LINKED PAD  
W/ 10 BS & 21,000 GAL SAME W/ 85,500 # 16/30 RESIN COATED SAND.  
RIH RELEASED RBP AND POOH.  
RIH WITH PRODUCTION EQUIP.  
RDMO  
RETURNED WELL TO PRODUCTION 5-13-92

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

Signed

Title

SR. REGULATORY SPEC.

Date

5-28-92

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any

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**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Conoco, Inc.

3. Address and Telephone No.  
10 Desta Dr. Ste 100W, Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Unit Letter 'I', 1980' FSL & 660' FEL  
Sec. 27, T-20S, R-38E

5. Lease Designation and Serial No.

LC-031695-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. *Blinebry Tubb #42*  
Warren Unit #42

9. API Well No.  
3002525362

10. Field and Pool, or Exploratory Area  
Warren Blinebry Tubb

11. County or Parish, State  
Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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>Perf Add'l Pay</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.)

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It is proposed to Perforate Additional Pay in the Warren Unit No. 42 well as follows:

1. Clean out to 7043' (PBTD).
2. Perforate the following Blinebry interval (2 JSPF):  
6066-70', 6080-84', 6092-98', 6104-08', 6172-76', 6190-97', 6222-25', 6227-30'  
Perforate the following Tubb interval (2 JSPF):  
6488-969', 6516-24', 6534-42', 6545-48', 6552-56', 6577-80', 6598-6602', 6612-18',  
6643-50', 6657-64', 6667-76'
3. Acidize w/4700 gals 15% HCl.
4. Acid frac Tubb perforations with 10000 gals 15% HCl.
5. Sand frac Blinebry w/50,000 gals & 120000 lbs sand.

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

Signed *John M. Moore* Title Sr. Conservation Coordinator Date 02-13-92

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 3/11/92  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side

RECEIVED

MAR 12 1992

SCD HOBBS OFFICE

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Conoco Inc. Well API No. 30-025-25362  
Address 10 Desta Dr. STE 100 W, Midland TX 79705

Reason(s) for Filing (Check proper box) ☒ Other (Please explain) Changelease Name  
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Operator ☐  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warren Well No. 42 Pool Name, including Formation Blinbry/Tubb Oil + Gas Kind of Lease State, Federal or Fee Lease No. LC 03169513  
Location Warren Un. Blinbry/Tubb  
Unit Letter I : 1980 Feet From The S Line and 660 Feet From The E Line  
Section 27 Township 20 S Range 38 E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Shell Pipeline P.O. Box 1910, Midland TX 79702  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Co. P.O. Box 67, Monument, N.M. 88265  
If well produces oil or liquids, give location of tanks. Unit H Sec. 33 Twp. 20 S Rge. 38 E Is gas actually connected? Yes When? 6-1-91  
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Bill R. Keathly Sr. Staff Analyst  
Printed Name 12-15-91 Title 915-686-5424  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.