

Form 3160-5
(November 1983)
(Formerly 9-331)

HOBBS, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Warren Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 44
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Blindbry Oil & Gas / Warren Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ET, OR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26-20S-38E 3/1/81
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. 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"/>	PCLL 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) DHC & scale inhibit	
(Other) 1		(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. Mill pkr @ 6450' & release. Set RBP @ 6195'. Spot 4 bbls xylene across perfs 5956'-6976'. Set pkr @ 5854' & acidize w/52 bbls 15% HCL-NE-FE. Flush w/41 bbls 2% KCL TFW. Swab. Dumped 20 bbls 2% KCL w/inhibitor. Ran producing equipmt. Pmpd 25 BO, 6 BW & 128 MCF on 1/2/85

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

SIGNED Wm. C. Butcher TITLE Administrative Supervisor DATE 2/28/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 1 1985

*See Instructions on Reverse Side

RECEIVED

MAR 13 1985

0-20
H2351 OFFICE