

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(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. 50
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1650' FEW	10. FIELD AND POOL, OR WILDCAT Blinberry Oil & Gas/Warren Tubb
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29-20S-38E
	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:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other) 1

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) DHC & acidize

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 out pkr & POOH. DO scale to PBTD @ 6713'. Set pkr @ 6404'. Acidize Tubb perms w/67 bbls pad acid 15% HCL. Swab. Chemically inhibit. Rel pkr. Run producing equipment w/SN @ 6652'. Pmpd 19 BO & 26 BW on 1/2/85.

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

SIGNED

Wm A. Butterfield

TITLE

Administrative Supervisor

DATE 2/28/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4008
MAR 1 1985

*See Instructions on Reverse Side

RECEIVED

MAR 13 1985

G. G. G.
H. G. G.