	w			Form approve	
Form 3160-5 (November 1983)	UN! D STA	ATES .	(Other Incompations	Expires Augu	
Formerly 9-331)	DEPARTMENT OF TH		(verse side)	5. LEASE DESIGNATI	
	BUREAU OF LAND MA	ANAGEMOEDUS,	MEXICO 88240		G3458 THE OR TRIBE NAME
SUN (Do not use thi	NDRY NOTICES AND For proposals to drul or to due "APPLICATION FOR PERMI	REPORTS ON deepen or plug back IT—" for such propo	to a different reservoir.		
1. /				7. UNIT AGREEMENT	NAME
WELL GAS WELL	OTES			S. FARM OR LEASE	NAME
2. NAME OF OPERATOR CONOCO INC.				Warren	Unit
P. O. Box 460, Hobbs, N.M. 88240				9. WELL NO. 48	R-9487
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface () n				River of	DI Cas Macro
At surface	Unit			11. SEC., T., B., M., C SURVEY OR AL	DR BLE. AND TRESS
20	030'FNL & 1980' FL	ν L		Sec. 26-2	205-38E
14. PERMIT NO. 15. ELEVATIONS (Snow whether by, RI, GR, etc.)				12. COUNTY OR PAR	ISH 13. STATE
30-625		T 1 to . N.	(N) D	Lea	NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Control of Notice, Report, and Control of Notice, and Co				SEQUENT REPORT OF:	
	NOTICE OF INTENTION TO:				
TEST WATER SHUT-	OFF PULL OR ALTER CAS		WATER SHUT-OFF FRACTURE TREATMENT	EBPAIRIN ALTERING	
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON	1—1
REPAIR WELL	CHANGE PLANS		(Other)		
(Other)			Completion or Reco	ults of multiple completionspletion Report and Log	form.)
proposed work.	OR COMPLETED OPERATIONS (Clearly 8 If well is directionally drilled, give) •	subsurface location	s and measured and true ve	release depends for all man	kers and somes perti-
MIRU O Det RI 75% au 3 Reset K 75% au 4) Rel RI 6 Test p	on 7-29-86. POOP BP @ 6732' and cid /25% xylene BP @ 6435' & pk cid/25% xylene BP & Pkr, PooH. I Dumped 42 Bo,		p. Ran Scrap 135', Acidized hed w/50 bbls hed w/50 bbls I on and vig 220 MCF on	per to 375 de Tubb per sua Sua Blinebry per to 5 mab down. 8-11-86.	ofs, w/52bi bled ofs w/40bhi bed
	ACCEPTED FOR SEP 26	_			
	CARLSBAD, NEW	√ MEXICO			
	_ ^				
18 : Gereby certify th	of the foregoing is true and correct				2 15 01
SINED	7.1/5	TITLEA	dministrative Supervisor	DATE	9-18-86
(This space for Fe	derai or State office use)				
APPROVED BY COMULTIONS OF	APPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side