	tu, in. u. P~O. E∶	general of the State of the Sta	- Form approved.
Form 3160-5	UNITED CAT	ES SUBMITON TRIPLICATE	Budget Bureau No. 1004-0135 Expires August 31, 1985
November 1983) Formerly 9-331)	DEPARTMENT OF THE INTERIOR verse side)		5. LEASE DESIGNATION AND SERIAL NO.
Omerry 9-331)	BUREAU OF LAND MAN	AGEMENT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUND (Do not use this fo	RY NOTICES AND REI	PORTS ON WELLS sen or plug back to a different reservoir. "for such proposals.)	
			7. UNIT AGREEMENT NAME
OIL GAS WELL	OTHER		NMFU 8. FARM OR LEAGE NAME
2. NAME OF OPERATOR			Warren Unit
CONOCO INC.			9. WELL NO.
8. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240			48
TOURISM OF WELL (Report location clearly and in accordance with any State requirements.*			Blinebry out + CAS / Tubb
See also space 17 below.) At surface Unit F			11. SBC., T., B., M., OR BLK. AND
Onit			SURVEY OR ARMA
o /	. & 1600 TW		Sec. 26 - 205 - 38E
2030 FN	L E 1980 FWL	ow whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
30 - 025 - 251			Lea NM
8.	Charle Appropriate Box To	Indicate Nature of Notice, Report, or (Other Data
	OTICE OF INTENTION TO:		QUENT REPORT OF:
N(WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OF	PULL OR ALTER CASING MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT [®]
REPAIR WELL	CHANGE PLANS	(Other) Down hole	e of multiple completion on Well
(Other)		Completion or Recom	pletton Report and Log torm.
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	COMPLETED OPERATIONS (Clearly sta- well is directionally drilled, give st	te all pertinent details, and give pertinent dates ibsurface locations and measured and true vertiness.	cal depths for all markers and sones perti-
Flush With i	w/20bbls 2/0 KC u/ production equ	pump and rods. POOH w/ pull long string (Tubb). cr & set@ 6450'. Pump so LTFW, POOH w/pkr. RIH ipment. Test pumped 2.	Tubb pump. Poot w/ Mill over pkr in 9 hrs, cale sqz in Tubb perfs, w/ 224 jts tubing. 5 BO 9 BW, & 158 MCF
in 24	hrs,		Andrew Control of the
			•
	the foregoing le trife and correct	TITLE Administrative Super Her	DATE 9-11-85
SIGNED		TITLE TOWNSHALLS SUPPLYING	
(This space for Fed	eral or State office use/	TITLE	DATE
CONDITIONS OF A	PPROVAL, IF ANY:		
	SEP 16 1985		
	A V 1444		

*See Instructions on Reverse Side