

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on re-
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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-663458
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME NMFU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) Unit E	8. FARM OR LEASE NAME Warren Unit
14. PERMIT NO. 30-025-26125	9. WELL NO. 54
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 1980' FNL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Blaine bry Oil & Gas Warren Tubb Oil
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-20S-38E
	12. COUNTY OR PARISH 13. STATE Lea 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"/>	PULL 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) acidize	

(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.)

- ① MURU on 11/22/85, POOH w/ rods & pump
- ② Set pkr @ 5824". Acidized Blaine bry - Tubb perms w/ 92 bbls 15% HCLNE-F acid w/ 25% Xylene; flushed w/ 53 bbls TFW
- ③ POOH w/ pkr
- ④ WIT w/ production equip. and rigged down on 11/27/85
- ⑤ Test pumped 53 BO, 35 BW, & 125 MCF

ACCEPTED FOR RECORD

Seix

JAN 10 1986

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Administrative Supervisor

DATE 1-6-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 18 1986

D.C.D.
HOBBS OFFICE