(June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No

11. County or Parish, State

LEA, NM

Completion or Recompletion Report and Log form.)

LC 0634580

 	SCSSSTS	A NI TAREL	

6. If Indian, Allottee or Tribe Name SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT -- for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well Oil Gee X INJECTION Other 8. Well Name and No Warren Unit Blinebry/Tubb WF 2. Name of Operator WELL # 75 9. API Well No. CONOCO INC. 3. Address and Telephone No. 30-025-26312 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, or Exploratory Area Warren Blinebry Tubb O & G

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Abandonment	Change of Plans					
	Recompletion	New Construction					
X Subsequent Report	Plugging Back	Non-Routine Fracturing					
	Casing Repair	Water Shut-Off					
Final Abandonment Notice	Altering Casing	Conversion to Injection					
,	X Other	Dispose Water					
	REPAIR COMMUNICATION	(Note: Reportresults of multiple completion on Well					

13. 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.)*

7-5-95 MIRU. POOH W/TBG. GIH W/ BIT & SCRAPPER TO 5805', POOH. GIH W/ 2 3/8" TBG. RESET PACKER @ 5674', AND TBG. @ 5674'. CIRC. 130 bbi PACKER FLUID, TEST CST TO 500# FOR 30 MIN. HELD, CUT CHART, (CHART ATTACHED).

7-6-95 RDMO. RETURN WELL TO INJECTION.

SURFACE: 1980' FSL & 1980' FWL, SEC. 34, T 208, R 38E, UNIT LTR 'K'

14. Thereby certify that the foregoing is true and c	xorrect	Bill R. Keathly		
Si part Le La San	colle Title	SR. REGULATORY SPECIALIST	Date	9-11-95
(This space for Federal or State office use)	X			
Approved by	Title		Date	
Conditions of approval, if any:	ONLY			· •
The 1811 S.C. Sarring 1001, makes it a crime for		and willfully to make to any department or agency of the Uni	ted States any false, fictition	us or traudulent

statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

DIST: BLM(5) NMOCD(1) BRK, TDS/ST, WELL FILE

1 1 1 2 -1

OCCUPANTAL OF THE PARTY OF THE

