

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
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.)

SUBMIT IN TRIPLICATE  
(Other instructions re-  
versible)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Warren Unit

8. FARM OR LEASE NAME

Warren Unit

9. WELL NO.

78

10. FIELD AND POOL, OR WILDCAT

Blinebry / Tubb / Drinkard

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 20, 20S, 38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

PO Box 460, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1980' FSL + 660' FEL

Unit I

14. PERMIT NO.

30-025-26511

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)\*

1. POOH w/tbg.

2. POOH w RBP.

3. Acidize Blinebry, Tubb, + Drinkard w/ 50 bbls each 75%  
15% HCL + 25% Xylene.

4. Run tbg.

5. Run rods.

6. Place on production.

Subject to  
Like Approval  
by State

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

SIGNED

W. W. Baker

TITLE Administrative Supervisor

DATE

4/10/89

(This space for Federal or State office use)

APPROVED BY

Shannon J. Shaw

FOR:

TITLE

DATE

4-20-89

\*See Instructions on Reverse Side