

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. C. Cons. Division
1025 N. French Dr.
Hobbs, NM 88240
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.

LC 031670B

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Conoco Inc	7. If Unit or CA, Agreement Designation N/M/NM 11052 E
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	8. Well Name and No. Warren Unit B/T WF #70
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 660' FSL & 660' FEL, Sec. 22, T20S, R38E, P	9. API Well No. 30-025-26841
	10. Field and Pool, or Exploratory Area Warren Blinbry/Tubb O&G
	11. County or Parish, State Lea, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Renew TA Status	<input type="checkbox"/> Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Conoco requests renewal approval of Temporary Abandonment status for the above referenced well. A valid MIT was run on 12/4/96 and should be on file with your office.

We wish to retain this wellbore while we continue to evaluate for possible waterflood expansion or a pattern change. This evaluation should be completed within the next 12-18 months.

14. I hereby certify that the foregoing is true and correct	Reesa R. Wilkes	
Signed <u><i>Reesa Wilkes</i></u>	Title Sr. Staff Regulatory Assistant	Date 01/18/00
(This space for Federal or State office use)		
Approved by _____	Title _____	Date 2/23/2000
Conditions of approval if any:		

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM, FIELD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

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