MACCO OFFI F.C. FOR CS Hobbs, MACCAS

Form 3 160-5

UNITED STATES

FORM APPROVED

	OF THE INTERIOR	Budget Bureau No. 1004-0135 Expires: March 3 1 ,1993
BUREAU OF LA	5. Lease Designation and Seriai No.	
OUNDBY NOTICES A	LC 031670B	
Do not use this form for proposals to drill	SUNDRY NOTICES AND REPORTS ON WELLS orm for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals	
SUBMIT I	7. If Unit or CA, Agreement Designation	
1 Type of Well Old Gas Other Other		8. Well Name and No.
2. Name of Operator CONOCO INC	Warren Un. Bline/Tubb WF, # 70	
CONOCO INC.	9. API Well No.	
 3 Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, 4. Location of Well (Footage, Sec., T. R. M. or Survey Desc.) 	30-025-26841 10. Field and Pool, or Exploratory Area	
660' FSL & 660' FEL, Se	Warren Blinebry/Tubb O & G 11. County or Parish, State Lea, NM	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	
TYPE OF SUBMISSION	I	
Notice of Intent	Abandonment	Change of Plans
Subsequent Repon	Recompletion Plugging Back	Non-Routine Fracrunng
Final Abandonment Notice	Casing Repair Altering Casing Other Renew TA Status	Water Shut-Off Conversion to Injection Dispose Water INcile: Reponresuitsof multiplecompitiononWdl Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertical	pertinent details, and give pertinent dates, including estimated date of starti al depths for all markers and zones pertinent to this work.)*	
Conoco requests renewal approval of the Temp should be on file with your office.	orary Abandon status for the above listed well. A val	did MIT was run on 12-4-96 and
We desire to retain this wellbore while we eval completed within the next 12 to 18 months.	luate for possible waterflood expansion or a pattern cl	nange. This evaluation should be

			PER 18 1999		
	ENDING		AN 2 7 1000	BUREAL OF LAC ROSWELL RE	NO MANAGEMI SOURCE AREA
14. I hereby certify that the foregoing is true and correct Signed Signe	Title	Bill R. Keathly Sr. Regulatory	\	Date	1-15-99
(This space for Federal or State office use) Approved by Conditions of approval if any:	Title			Date	
BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, F	ILE ROOM				

GWW

*See Instruction on Reverse Side