

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Water Injection</u>	5. Lease Designation and Serial No. <u>LC 031670B</u>
2. Name of Operator <u>Conoco Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>10 Desta Drive West, Midland TX 79705, (915) 686-6548</u>	7. If Unit or CA, Agreement Designation <u>Unit</u> <u>Warren, McKee</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>660' FSL & 660' FWL</u> <u>Sec. 29, T-20S, R-38E</u>	8. Well Name and No. <u>88</u>
	9. API Well No. <u>300252724600</u>
	10. Field and Pool, or Exploratory Area <u>Warren McKee</u>
	11. County or Parish, State <u>Lea, NM</u>

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<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.)*

It is proposed to clean out, stimulate, treat for iron sulfide, and install a casing patch in this well according to the following procedure:

1. RIH and retrieve RBP at 1585'.
2. RIH with bit and scraper and clean out to PBTD (9195').
3. RIH with packer and RBP and test casing above and below known leak at 1822' - 1852'.
4. RIH with a treating packer, set at 8990', and treat with 250 gals of 15% acid and chlorine dioxide.
5. Position and install a 100' casing patch across a casing leak between 1822' and 1852'.
6. Test casing to 500 psig for 30 minutes.
7. Return to injection.

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

Signed Jerry W. Moore
(This space for Federal or State office use)

Title Regulatory Coordinator

Date 10/9/90

Approved by _____
Conditions of approval, if any:

Title _____

Date 10-12-90