

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-031670B

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

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

14. PERMIT NO.
30-025-27246

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Warren McKee

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

29-20S-38E
12. COUNTY OR PARISH 13. STATE
Lea NM

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.)*

MIRU. POOH w/ Hg. Tag top of fill at 9105' (90' of fill).
POOH. GIH w/ hydrostatic barrel. Clean out from 9105'-
9195'. POOH. Run injection equipment. RIH w/ 7" Lok-Set pk &
2 3/8" PC Hg. Circulate 285 bbls pk fluid. Set pk at 8731'. OK
Press test csq above pk to 500 psi for 1 hr, held okay.
Install master valve and rig down.

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

SIGNED DE FINNEY

TITLE Administrative Supervisor

DATE 8/31/88

(For use by Bureau or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

SEP 23 1988

*See instructions on Reverse Side

SJS

CARLISLAD, NE 70000

This document, when made, makes it a crime for any person knowingly and willfully to make to any department or agency of the
Bureau of Land Management, or to any person, any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM - Carlislad (6) ARCO (2) Amoco (2) Chevron (1) Zil.