

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

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

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME Warren Unit Bl Bty. 1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 91
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	10. FIELD AND POOL, OR WILDCAT Blinbry Oil & Gas
14. PERMIT NO. 30-025-27566	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sec. 33-205-38E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1650' FNL - 2310' FNL	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) open add'l pay & acidize

(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 MIRU. POOH w/ rods & pump. Run scraper to 6200'.
- ② Spot 5 bbls 15% HCL-NE-FE from 6020' - 5800'. Perf w/2 JSPF @ 5868', 5882', 5887', 5898', 5955', 5965', 5969', 5975', 5984', 5987', 6002', & 6004'.
- ③ Set RBP @ 6020' & pkr @ 5925'. Acidize zone II perfs w/ 48 bbls 15% HCL-NE-FE; flush w/ 25 bbls TFW. Swab.
- ④ Reset RBP @ 6125' & pkr @ 5750'. Acidize zones I, II, III of Blinbry w/ 53 bbls 15% HCL-NE-FE; flush w/ 30 bbls TFW.
- ⑤ Rel pkr & POOH w/ RBP
- ⑥ G1H w/ prod. equip. Rig down.

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

SIGNED Walter J. Finley DE FINLEY

TITLE Administrative Supervisor

DATE 12-3-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 12-9-86

*See Instructions on Reverse Side

RECEIVED
DEC 12 1986
OCD
HONORARY OFFICE