

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. DC 031695B
2. Name of Operator Conoco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424	7. If Unit or CA. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1840' FSL & 2020' FWL. SEC. 28, T-20S, R-38E, UNIT LTR 'F'	8. Well Name and No. WARREN UNIT #94
	9. API Well No. 30-025-30473
	10. Field and Pool, or Exploratory Area WARREN BLINELRY-TUBB
	11. County or Parish, State LEA, NM

12. **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 type="checkbox"/> Alarming Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>ADDITIONAL PAY</u>	<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.)*

4-29-9 MIRU. POOH W/SHORT & LONG STRING. GIH W/RBP & PKR. RBP & RESET @ 6580. GIH W/RBP @ PKR. SET RBP @ 6580. PERFORATED TUBB 15PF-6377-84, 89-96, 6402-10, 15-21, 33-40, 54-60, 68-74, 84-88, 92-6500, 32-35, 40-46, 54-59, 63-70. ACID 15% NEFF HCL. POOH. ACID-FRAC LOWER TUBB W/500 GAL 15% NEFF HCL & 3000 GAL X-LINKED ACID. RELEASED PKR. PU & SET PKR @ 6330. ACID-FRAC TUBB W/3000 GAL 15% NEFF HCL & 11,000 GAL X-LINKED 15% NEFF HCL W/50 B.S. RELEASED PKR & FLUSHED ANNULUS W/150 BBL BRINE. RELEASED PKR. GIH & ENGAGED RBP. RELEASED RBP. POOH. GIH W/LONG STRING. SET PKR @ 6591 & HANDED LONG STRING. GIH W/SHORT STRING. GIH W/PUMP PU RODS ON BLINELRY SIDE. GIH W/PUMP & RODS ON DRINKARD SIDE. 5/23/94 RDMO.

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

Signed

[Signature]

Title

STAFF REGULATORY ASSISTANT

Date

7-13-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

