Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-031695B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: Warren Unit
8. FARM OR LEASE NAME:
9. WELL NO.: #95
10. FIELD AND POOL, OR WILDCAT: Blinebry/Drinkard/Tubb
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 28-T20S-R38E
12. COUNTY OR PARISH: Lea
13. STATE: NM

1. OIL WELL [X] GAS WELL [ ] OTHER
2. NAME OF OPERATOR: Conoco Inc.
3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 660' FEL
14. PERMIT NO.: 30-025-30659
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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) Set Surface Casing	[X]
(Other)		(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.)*

Spud @ 12:00 AM 9/23/89. Ran 35 jts. 13-3/8", 54.5#, K-55 ST+C casing. Cement w/1000 sx Class "C" w/4% gel @ 13.5 ppg lead + 200 sx Class "C" w/2% $CaCl_2$ @ 14.8 ppg tail. Returns 260 sxs. WOC

RECEIVED
OCT 20 1989
OCD
HOBBS, OFFICE

18. I hereby certify that the foregoing is true and correct
SIGNED W. W. Baker TITLE Administrative Supervisor DATE Oct. 17, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 27 1989
SJS
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side