

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 ☒ Oil Well ☐ Gas Well ☐ Other	5. Lease Designation and Serial No. LC 031695 B
2. Name of Operator Comco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 Deste Drive Ste 100W, Midland, Tx, 79705 915-686-5424	7. If Unit or CA, Agreement Designation Warren Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 710' FNL & 660' FEL, Unit Ltr. A, Sec. 33, T.20 S, R.38 E	8. Well Name and No. 79
	9. API Well No. 38-025-31175
	10. Field and Pool, or Exploratory Area Blinabry/Warren Drinker
	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	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Spud/Surf. Csg.	☐ Dispose Water

(Note: Report results of multiple completions 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.)*

Spud 14 3/4' Hole on 5-15-91 at 9 PM.
Run 9 5/8' 36# K-55 Csg. to 1500'.
Cemented with 1450 sks. Class C Cement with 4% gel & 2% Calc Chloride.
Circulated 222 sks to pit.
Tested Head to 500 PSI. Held. Tested Casing to 1000 PSI. Held.
Resumed drilling Formation with 8 3/4' Bit

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

Signed *Rich X. Kennedy* Title *Sr. Staff Analyst* Date *5-24-91*
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

JUN 1 1961

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