

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

2. Name of Operator
Conoco Inc.

3. Address and Telephone No.
10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 660' FEL, SEC. 28, T-20S, R-38E, UNIT LTR 'A'

5. Lease Designation and Serial No.

LC 031695B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
WARREN UNIT #98

9. API Well No.

30-025-31180

10. Field and Pool, or Exploratory Area
WARREN TUBB OIL & BLINEERY
OIL & GAS

11. County or Parish, State

LEA CO., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other TO NOTIFY OF DHC
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

TO NOTIFY THAT THE WARREN UNIT WELL #98 HAS BEEN DOWN HOLE COMMINGLED
UNDER ORDER DHC-868.

A C-116 (GOR TEST) WILL BE SENT AS SOON AS IT CAN BE PREPARED.

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

Signed Richard R. Keenly

Title SR. REGULATORY SPEC

Date 2-1-93

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

Submit 2 copies to Appropriate District Office.
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-116
Revised 1/1/89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

GAS - OIL RATIO TEST

Operator Conoco, Inc		Pool Blinebry Oil & Gas and Warren Tubb Gas Pools		County Lea							
Address 10 Desta Drive Ste 100W Midland, Tx. 79707		TYPE OF TEST (X) P		Completion <input checked="" type="checkbox"/> Special <input type="checkbox"/>							
LEASE NAME Warren Unit	WELL NO. 98	LOCATION U S T R A 28 20s 38E	DATE OF TEST 1-21-93	CHOKE SIZE ---	TBQ. PRESS. ---	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS 24	PROD. DURING TEST WATER GRAV. OIL 25 39.4	OIL BRLS. 18 10 28	GAS M.C.F. 11 9 20	GAS - OIL RATIO CU FT/BR 714
Blinebry Warren Unit		63% oil 37% oil 100%		56% gas 44% gas 100%		16 9 25		18 10 28		11 9 20	

DHC Order 868

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15,025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature

Olga Huerta Oil & Gas Assistant
Printed name and title

2-4-93 (915) 686-5439
Date

Telephone No.