

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructio
reverse side)

DATE
on

FIELD DESIGNATION AND SERIAL NO.
LC-031695B

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 ☐ *Injection*

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

1980' FNL & 1980' FEL

14. PERMIT NO.
30-025-07855

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

Warren Unit McKee

8. FARM OR LEASE NAME

9. WELL NO.

#23

10. FIELD AND POOL, OR WILDCAT

Warren McKee

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T20S, R38E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) *Plug off lower McKee Thief*

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Summary of Proposed Work

1. MIRU. NDWH. NUBOP. Shut down W. U. No. 7 and Seme McKee No. 10.
2. CO wellbore to 9057'. Run csg. insp log.
3. Squeeze lower McKee thief zone from 9057'-8990' w/700 sps. cement.
4. WOC 24 hours.
5. Stimulate w/15% HCl-NE-FE acid foamed w/65% CO₂.
6. RIH w/inj. equipment. Return to injection.
7. Run inj. profile after well stabilizes.

RECEIVED
MAR 1 10 54 AM '90
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

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

SIGNED

HA Ingram

TITLE *Conservation Coordinator*

DATE *2/27/90*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DATE *3.6.90*

(6)BLM

*See Instructions on Reverse Side

(3)OCD