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Form 3160-5	NITED STA		FORM APPRON	
(June 1990)	DEPARTMENT OF THE BUREAU OF LAND MA		Budget Bureau No. 10 Expires: March 31	
	BUREAU OF LAND WA	NAGEMENT	5. Lease Designation and	
			LC 031	695B
	SUNDRY NOTICES AND REI	PORTS ON WELLS	6. If Indian, Allottee or Tr	
Do not use this form for propo	sals to drill or to deepen or re	eentry to a different reservoir.		
	FOR PERMIT " for such prop		7 91 - 7 - 7	
	SUBMIT IN TRIPLIC	CATE	7. If Unit or CA, Agreeme	nt Designation
Type of Well				
X Oil Gas				
Well Well Othe	<u>۲</u>		8. Well Name and No.	
Name of Operator	Warren Ur Well # 127			
CONOCO INC. Address and Telephone No.			9. API Well No.	
		30-025-33194 10. Field and Pool, or Exploratory Area		
Location of Well (Footage, Sec., T., R.,	MIDLAND, TX. 79705 (915) 686 M., or Survey Description)	- 3424		
SURFACE: 330' FSL & 660' F		Warren McKee 11. County or Parish, State		
TD: Same		-		
			ĻEA, N	M
	E BOX(s) TO INDICATE N/	ATURE OF NOTICE, REPORT, O	OR OTHER DATA	
TYPE OF SUBMISS		TYPE OF ACTIO		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Notice of Intent		Abandonment P&A	Change of Plans	
- <u></u>		Recompletion	New Construction	
X Subsequent Report		Plugging Back	Non-Routine Fractu	ing
		Casing Repair	Water Shut-Off	
Final Abandonment I	Notice	Attering Casing X Other Sec Intermediate Casin	Conversion to Inject	on
		X Other Set Intermediate Casin	g Dispose Water (Note: Report results of multiple)	completion on Well
			Completion or Recompletion Rep	ort and Log form)
w/10a on m	#/sx NaCl & 1/4# cello-flakes/sx, f	total depth of 3705'. Cemented with a l ollowed by the tail slurry of 200 sx Clas int thereafter. Total 18 centralizers. Cir -95.	s "C" w/ 2% CaCl. Centrali	zers installed
			,	440
		FC-Ch	21	
		BF? Cu		
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I hereby certify that the pregoing tru	erand correct			
1.1 200	41	1:		
Signed May July	Ann E. R Title REGUI	Ritchie LATORY AGENT	Date	01-16-96
(This space for Federal or State office L				
Approved by Conditions of approval, if any:	Title		Date	
		to make to any department or agency of the Unite	d States any false, fictitious or fra	udulent
atements or representations as to any ma				
	*See Ins	struction on Reverse Side		
ST BLM(5) NMOCD(1)				

