| Form 3160-5 UNITED STATES<br>(June 1990) DEPARTMENT OF THE INTE<br>BUREAU OF LAND MANAGE                                                                                                                                                                                                                                       | RIUR                           | FCRM APPROVED<br>Budget Eureau No. 1004-0135<br>Expires: March 31, 1993<br>5, Leise Designation and Serial No.<br>LC 031670B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| SUNDRY NOTICES AND REPORT                                                                                                                                                                                                                                                                                                      |                                | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.<br>Use "APPLICATION FOR PERMIT" for such proposals                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SUBMIT IN TRIPLICATE                                                                                                                                                                                                                                                                                                           |                                | 7. If Unit or CA, Agreement Designation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 Type of Well                                                                                                                                                                                                                                                                                                                 | ·                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| X Oil Gas Injection<br>Well Well Other                                                                                                                                                                                                                                                                                         |                                | 8. Well Name and No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Well Well Other<br>2. Name of Operator<br>CONOCO INC.                                                                                                                                                                                                                                                                          |                                | Warren Unit<br>WELL # 419<br>9. API Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3. Address and Telephone No.                                                                                                                                                                                                                                                                                                   | · · · · · · · · ·              | 30-025-33559                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424<br>4 Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                            | 4 (915) 684-6381               | 10 Field and Pool, or Exploratory Area<br>Warren Blinebry - Tubb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SURFACE: 10' FSL & 1310' FEL, SEC. 20, T 20S, R 38E, U.L. 'D'<br>TD: Same                                                                                                                                                                                                                                                      |                                | 11. County or Parish, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| •<br>• • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                 | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Notice of Intent                                                                                                                                                                                                                                                                                                               | Abandonment                    | Change of Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                | Recompletion                   | New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| X Subsequent Report                                                                                                                                                                                                                                                                                                            | Plugging Back                  | Non-Routine Fracturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                | Casing Repair                  | Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                       | Altering Casing                | Conversion to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                | X Other<br>Perforate and treat | Dispose Water<br>(Note: Report results of multiple completion on Well<br>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<br>directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/12/96 Ran GR/CCL from 6744' - 3800'. Perforate Tubb 1spf @ 6430-85,87,91,94,97,6520,24,28,30,34,37,40,44,60,64,67,88,99,6602, 08,12,14,19,23,28,32,42,46,50,54.                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/19/96 Frac Tubb w/ 1500 gals. 15% NEFE acid & 38 000 gals. Spectra G-3500, 54,000# 16/30 Ottowa sand. Screened out during job.                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12/27/96 RIH w/ bit and cleaned out well to PBTD of 6744'.<br>12/30/96 Set RBP at 6250'. Perforate Blinebry 1 spf from 5822,24,26,28,55,56,58,83,85,87,89,5916.18,20,22,53,59,61,63,69,71,73,82,84,                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 86,88,90.92,96,6002,04,14,18,22,26,46,50,52,54,60,71,73,91,95,6127,33,37.<br>12/31/96  Frac Blinebry w/ 2000 gals. 15% NEFE HCL, 60,600 gals. Spectra G-3500 & 96,000# 16/30 TLC RCS.                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                                                                                                                                                                                                                                                                                                                |                                | 5. 5.<br>5. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| $A \mid \cap \mid$                                                                                                                                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 14 I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                                     |                                | . – e – La e cui u <del>r <b>mai</b></del> uran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signed Mill Tube office (This space for Federal or State office (se)                                                                                                                                                                                                                                                           | RY AGENT                       | Date 01/07/97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Approved by Title<br>Conditions of approval, if any:                                                                                                                                                                                                                                                                           |                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and wilifully 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.<br>*See Instruction on Reverse Side                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |