Fo rm	3	160-5
(June	1	990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## N.... Oil Cons. Division FORM APPROVED 1625 N. French Di Bur cau N o. 10 04-0135 Expires: March 3 1, 1993 Hobbs: NM 3882 Addition and Seriel No.

	HODDS, N	V SCALAD nation and Serial No.		
	S AND REPORTS ON WELLS	LC 063458		
Do not use this form for proposals to o Use "APPLICATION F	6. If Indian, Allonee or Tribe Name			
SUBM	7. If Unit or CA, Agree me nt Designation			
1. Type of Well		_		
Well Well Other		8. Well Name and No.		
2. Name of Operator CONOCO INC.		Warren Unit # 144		
3. Address and Telephone No.	9. API Well No.			
10 DESTA DR. STE. 100W, MIDLAN	30-025-33974			
4. Location of Well (Fo ot age. Sec., T.R. M. or Survey D		10. Field and Pool, or Exploratory Area		
Section 2	25, T-20-S, R-38-E, Ø 4	Blinebry Oil & Gas (6660)		
660' I	FNL & 1960 FWL			
	1980	Lea Co., NM		
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO			
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent	Abandonment	Channe of St		
_	Recompletion	Change of Plans		
Subsequent Repon	Plugging Back	Non-Routine Fracrunng		
	Ca sing Re pair	Water Shut -Off		
Final Abandonment Notice	Altering Casing	Conversion to Injection		
	Other	Dispose Wat er		
	il pertinent details, and give pertinent dates, including estimated date of starting	INole : Ri∋poinres uitsof multiplec ompitionon Wdl Completion or Recompletion Report and Log form.)		
<ol> <li>required.</li> <li>MIRU, POOH w/rods &amp; tbg</li> <li>Clean out paraffin in necessary.</li> <li>Run bit &amp; scraper. Isolate Tubb with RB</li> <li>Perforate Blinebry (6028-6288)</li> <li>Acidize, frac, cleanout Blinebry</li> <li>Establish production to determine allocat SUBMIT % TO OCD-DISTRICT OFFIC</li> <li>Pull RBP, downhole commingle Blinebry</li> </ol>	tion percentages - CE FOR APPROVAL			
14. I hereby certify that the foregoing is true and correct	Kay Madoo			
Signed Madd	Tiule - Regulatory Agent (915) 686-5798	Date April 16, 2002		
(This space for Federa or State office use)				
	Title	Date		
Conditions of approval if any: APR 1 7 2()()2 BLM(6), NMOCD(1), SHEAR, PONCA, COST A\$ST	, FILE ROOM	K2		
Title 18 U.S.C. Section <u>1001</u> , make sit a crime for an y per son b or representations as to any matter with in its junsdiction.	on owingly and willfully to make to any department or agency of the United St	tates any false, fictitious or frau duten t state ment s		
	*See Instruction on Reverse Side			

Form C-102

District I POBox 1980, Hobbs. NM88241-1980 District II PODrawer DD, Artesia, NM88211-0719 District III 1000 Rio Brazos Rd. Aztec, NM87410 District IV POBox 2088, Santa Fe. NM 87504-2088 State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Revised February 21, 1994 instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

\_\_\_\_ AMENDED REPORT

		WE	ELL LO	CATI	ON AND A	ACR	EAGE DEDI	CATION PL	LAT				
API Number 2 Pool Code				3 Po ol Nam e									
30	-025-339	74		666	50	Elinebry Oil & Gas							
4 Property	Code	5 Property Name							6 Well Number				
00312		Warren Unit						#144					
7 OGRID No							or Name		9 Elevation				
00507	3	Conc	oco Inc.,	10 Des			0W, Midland, T	× 79705-4500	79705-4500 3566'				
10 Surface Location													
UL or laino.	Section	Town ship	Range	Range Lot Idn		nge Lotidn Feetfrom t		he	North/South line	Feet from the East		s t line	County
С	25	20S	38E		660'		North	1960	We	West Lea			
11 Bottom Hole Location If Different From Surface													
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	he	North/South line	Feet from the	East/We	st line	County		
				L									
12 Dedicated Acres	5 13 Join	t or Ir fil 14	Consolidatio	on Code	15 Order No.						· · · · · · · · · · · · · · · · · · ·		
40													
NO ALLUV	VABLE	OR A	ASSIGNE NON-ST	D TO T Andar	HIS COMPLE	ETIO S BEI	N UNTIL ALL I EN APPROVED	NTERESTS H	AVE BEI	EN CON	ISOLIDATED		
16				h									
		1 4	60 '	la,				11	17 OPERATOR CERTIFICATION				
<u> </u>	160'			4				Thereby certif	hereby certify that the information contained herein is us and complete to the best of my know ledge and be lief				
				<b>B</b> I							0		
	1			41 41									
	•			4					1	1.1.			
				-	·····		, <u>, , ,</u>	-11	ay 1	Made	lax		
						Signature Kay Maddox					,		
						Printed Name							
						Regulatory Agent							
						Title April 16, 2002					,		
								D at e	<u>April</u>	10, 200.			
<u> </u>									IDVOD				
											IFICATION		
								I hereby certij	fy that the we	ell location	shown on this plat surveys made by me		
								or under my s	upervision, a	and that the	e same is true and		
		•						correct to the	besi of my b	elief.			
								Date of Surve		· · · · · · · · · · · · · · · · · · ·			
				_				- Signature and	-	essional S	urvevor:		
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								<u></u>					
								Certificate Nur	mber				