

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.  
P.O. Box 1980  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC 063458

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> INJECTION Other     | 6. If Indian, Allottee or Tribe Name                        |
| 2. Name of Operator<br>CONOCO, INC.  | 8. Name of Lease & well<br>Warren Unit<br>Well #144         |
| 3. Address and Telephone No.<br>10 Desta Dr., Suite 100W, Midland, Texas 79705-4500, 915 686-5424 915 684-6361                                 | 9. API well #<br>30 025 33974                               |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Surface: 660' FNL & 1980' FWL<br>TD: Sec 25, T20S, R38E, Unit Ltr. C | 10. Field and Pool, or Exploratory Area<br>Warren Tubb East |
|  | 11. County or Parish, State<br>Lea, NM                      |

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

| TYPE OF SUBMISSION                                      | TYPE OF ACTION  |
|---|---|
| <input type="checkbox"/> Notice of Intent               | <input type="checkbox"/> Abandonment                              |
| <input checked="" type="checkbox"/> Subsequent Report ✓ | <input type="checkbox"/> Recompletion                             |
| <input type="checkbox"/> Final Abandonment Notice       | <input type="checkbox"/> Plugging Back                            |
|   | <input type="checkbox"/> Casing Repair                            |
|   | <input type="checkbox"/> Altering Casing                          |
|   | <input checked="" type="checkbox"/> Clean out hole/replace pump ✓ |
|   | <input type="checkbox"/> Change of Plans                          |
|   | <input type="checkbox"/> New Construction                         |
|   | <input type="checkbox"/> Non-Routine Fracturing                   |
|   | <input type="checkbox"/> Water Shut-Off                           |
|   | <input type="checkbox"/> Conversion to Injection                  |
|   | <input type="checkbox"/> 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.)\*

7-1-98: Rigged up, jarred on pump. couldn't get pump loose, SION.  
7-2-98: Couldn't unseat pump, backed off rods, pulled rods, GIH w/paraffin & swabbed well, killed well, pulled & tallied tubing. SION.  
7-7-98: RIH w/bailer & cleaned from 6805-6853', POOH w/bailer, RIH w/production tubing. SION.  
7-8-98: RIH w/pump & rods, hung well, loaded tubing, checked pump action, well put on production, cleaned location, rigged down.

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

Signed

Title

Ann E. Ritchie  
REGULATORY AGENT

Date 9-25-98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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