Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. C. Cons. Division
1625 N. French Dr. FORM APPROVED
Hobbs, NM 88240 Expires: March 31,1993

| SUNDRY NOTICES AND REPORTS ON WELLS | | 5. Lease Designation and Seriai No. |
|---|--|--|
| | | LC 063458Ø |
| 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 | | 6. If Indian, Allotee or Tribe Name |
| SUBMIT IN TRIPLICATE | | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well Oil Gas Well Other | | 8. Well Name and No. |
| 2. Name of Operator | | Warren Unit B-T, Well #306 |
| CONOCO INC. | | 9. API Well No. |
| 3. Address and Telephone No. | | 30 025 34838 |
| 10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5580/684-6381 | | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage. Sec., T. R. M. or Survey Description) Soc. 26. T20S. D29E. 1220! ESUR. | | Warren Blinebry-Tubb O & G |
| Sec 26, T20S, R38E, 1330' FSL & 1330' FWL | | 11. County or Parish, State |
| | | Lea County, NM |
| THE CHECK APPROPRIATE BOX(| s) TO INDICATE NATURE OF NOTICE, REPO | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| Notice of Intent | Abandonment | Change of Plans |
| F-7 | Recompletion | New Construction |
| Subsequent Repon | Plugging Back | Non-Routine Fracturing |
| | Casing Repair | Water Shut-Off |
| Final Abandonment Notice | Altering Casing Other TD & long string | Conversion to Injection |
| | Other 1D & long string | Dispose Water Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| | l pertinent details, and give pertinent dates, including estimated date of starting cal depths for all markers and zones pertinent to this work.)* | |
| | e and condition hole for logs. sole to total depth of 6850'. 5 1/2" casing cemented with 6L, 10% betonite, tailed with 79.6 bls (300 sx), Cl C, Po | PECORD |
| 14. I hereby certify that the forestoine is the sad correct. | Ann E. Ritchie | |
| Signed Mul Yukhu | Title Regulatory Agent | Date2-21-01 |
| (This space for Federal or State office use) | | |
| Approved byConditions of approval if any: | Title | Date |
| BLM(6) | • | |