

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CONOCO INC.	8. Farm or Lease Name NMALCO 23
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>20 N</u> RANGE <u>12 W</u> NMPM.	10. Field and Pool, or <u>Wildcat</u> <u>Entrada</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>6321' GR</u>	12. County <u>McKinley</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>spud, ran surface casing</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU. Spud on 11/26/81. Ran 9 5/8", K-55, 36#, STC casing set at 443'. Cemented w/ 225sx Class B cmt. Circulated 8 bbls. to surface.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Wm A. Buttefield TITLE Administrative Supervisor DATE December 1, 1981

Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT 3 DATE DEC 4 1981

APPROVED BY _____ TITLE _____ DATE _____