

NO. OF COPIES RECEIVED		
DISTRIBUTION		
AMOUNT		
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.
B-3196

7. Unit Agreement Name

8. Farm or Lease Name
State H-35

9. Well No.
14

10. Field and Pool, or Wildcat
Vacuum G/SA

12. County
LEA

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER **Water Injection Well**

Name of Operator
CONOCO INC.

Address of Operator
P. O. Box 460, Hobbs, N.M. 88240

Location of Well
UNIT LETTER **H** **1345** FEET FROM THE **North** LINE AND **1210** FEET FROM
THE **East** LINE, SECTION **35** TOWNSHIP **17S** RANGE **34E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
DRILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Ran production Csg. <input checked="" type="checkbox"/>

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.

Reached TD of 4760' on 3-7-83. Ran 133 jts. (2817') 5 1/2" 14# & 15.5# K-55 ST&C Csg. Set @ 4760'. Cmt. first stage w/200 sxs. cl.'c' plus 6% gel & 1/4# sx flocele. Tail w/315 sxs cl.'c' plus 2% CaCl₂. Circ. 110 sxs. Cmt. 2ND stage w/600 sxs cl.'c' plus 18% salt & 1/4# sx flocele. Tail w/165 sxs cl.'c' plus 2% CaCl₂. Circ. 25 sxs. cmt. DV @ 2817'. Pressure test to 1000psi for 30 min.

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

SIGNED W.A. Butterfield TITLE Administrative Supervisor DATE 3/10/83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DATE **MAR 14 1983**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: