HO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR	_]		5. State Oil & Gas Lease No.
			E-2519
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 -" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL GAS WELL	OTHER-		7. Unit Agreement Name
2, Name of Operator CONOCO INC.			8. Form or Lease Name
P. O. Box 460, Hobbs, N.M. 88240			9. Well No.
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER M. 715 PEET PROM THE SOUTH LINE AND 990 PEET FROM			Undesignated Wolfcamp/Bone
THE WEST LINE, SECTION 22 TOWNSHIP 185 RANGE 34E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			
	15. Elevation (Show whether	Dr. RI, GR. etc.)	12. County
16. Checl	Appropriate Box To Indicate N	Sature of Notice Report of Or	ther Dara
	INTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	FE00 AND ADARDON		ALTERING CASING
FULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB	PLUS AND ABANDONMENT
1	1	OTHER	
OTHER + emporari	ly abandon I		
17, Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates, includin	e estimated date of starting any proposed
work) SEE RULE 1103.	2		- · · · ·
O Set cont retainer @ 9950. Pressure up on backside to 1000 psi @ surf. & hold			
I la caral a sta o	مامر	r	, •
THI OUGH BUT E	untire squeeze.		
(2) PUMD 150 5X	s class "H" cmt w/f cmt & obtain a squ Sting out of retain	vid loss aditive	Tail -in 11/50 585
clace "Il" sont	- and & obtain a ca	1000 200	1/
CIASS A MEAU	omi ; oblam a squ	recze piessore or	nor more than 1000 p
e Surface. S	sting out of retain	er and leave at	least Ilsus on top
of retainer	- J		, , , , , , , , , , , , , , , , , , , ,
3) Test csq to 600 psi. POOH w/they leaving 1,t in wellhead. Fill casing			
w/ de ~ Clund			<i>y</i>
OD O PT TION	· alana lan l		_
KIG DOWN &	clean location of this procedure		
(5) Verbal and	at this procedure	Der Fuelum Dan	INS on 5-13-81
o version appr	o , p, occoor c	1. Luciya Dou	ON 3 15-00,
<del>-, , , , , , , , , , , , , , , , , , , </del>			
15. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and belief.	
	. /		1001
SIENED TEUR Z. VO	TITLE	Administrative Supervisor	DATE 6-9-86
Edd: _ \AI	7		
Eddie W	. seay 		JUN 1 1 1923

CONDITIONS OF APPROVAL, IF ANY:

11. A11 11 Ari