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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-1533

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. Name of Operator
CONOCO INC.

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

4. Location of Well
UNIT LETTER **L** **1980** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **19** TOWNSHIP **19S** RANGE **37 E** N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
State AC

9. Well No.
1

10. Field and Pool, or Wildcat
Eumont-Monument

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

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

7. 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.

GIH w/ csg gun, perfs at 3570'. Set RBP at 3620', pkr 3520'. Squeeze perfs w/ 100 sk. Class C cmt w/ 2% CaCl₂. CO to RBP. GIH w/ csg. gun, perfs 3350'. Set RBP at 3400', pkr. 3300'. Squeeze perfs w/ 100 sk. Class C cmt w/ 2% CaCl. CO to RBP. Set RBP 3550'. Spot 5 bbls acid from 3550' to 3350'. GIH w/ csg. gun, perfs as follows: 3399'-3404', 3410'-3414', 3416'-3419', 3421'-3423', 3432'-3438', 3444'-3448', 3461'-3468', 3472'-3476', 3481'-3483', 3504'-3508', 3520'-3524'. total 90 perfs. Set pkr. 3360'. Treat perfs as follows: Pmp 200 bbls. 15% HCL-NE acid. Flush w/ 20 bbls TFW. POOH. GIH w/ tbg. pkr to 3800', SN to 3900', DPMA. Return well to production. Test.

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

Signed By Wm A. Butterfield

TITLE Administrative Supervisor

DATE January 15, 1981

Approved By Jerry Sexton
Dist. In Charge

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____