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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	B-1533 1/2

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name	
2. Name of Operator Conoco Inc.	8. Farm or Lease Name STATE AC Com.	
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 6	
4. Location of Well UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>30</u> TOWNSHIP <u>19-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat EUNICE MONUMENT G/SA	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA	

<p align="center">16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p>			
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"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <u>SHUT-OFF WATER</u> <input checked="" type="checkbox"/>		OTHER <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 1703.

MIRU. CO TO TD (3971'). PLUG BACK TO 3905' w/ 8 1/2 sxs CLASS "C" CMT w/ 2% CaCl₂. ADD ADDITIONAL CMT AS NECESSARY TO MAKE TOC @ 3905'. RUN PRODUCTION EQUIPMENT. TEST.

<p>18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.</p>			
SIGNED <u>Wm A. Butler</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9/30/83</u>	
<p>ORIGINAL SIGNED BY <u>EDDIE SEAY</u></p>			
APPROVED BY <u>OIL & GAS INSPECTOR</u>	TITLE _____	DATE <u>OCT 3 1983</u>	
<p>CONDITIONS OF APPROVAL, IF ANY:</p>			

RECEIVED
SEP-30 1983
HOLDS OFFICE