

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
**B-2656**

**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.)

1. OIL WELL  GAS WELL  OTHER-

2. Name of Operator  
**Conoco Inc.**

3. Address of Operator:  
**P. O. Box 460, Hobbs, New Mexico 88240**

4. Location of Well  
UNIT LETTER **0** **990** FEET FROM THE **SOUTH** LINE AND **1750** FEET FROM  
THE **EAST** LINE, SECTION **5** TOWNSHIP **19-S** RANGE **38-E** N.M.P.M.

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

7. Unit Agreement Name

8. Farm or Lease Name  
**STATE A-5**

9. Well No.  
**2Y**

10. Field and Pool, or Wildcat  
**HOBBS G/SA**

12. County  
**LEA**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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 1708.

MIRU. SET RBP @ 4125' + PKR @ 3885'. SPOT 250 GALS 15% HCL-NE-FE 3885'-4125'. FLUSH W/20 BBLs TFW. PUMP 50 SXS CLASS "C" CMT. WOC. DO CMT. PRESSURE TEST CSG TO 500 PSI. RE-SQUEEZE IF NECESSARY. RUN PRODUCTION EQUIPMENT. TEST.

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

SIGNED W. G. [Signature] TITLE Administrative Supervisor DATE 10/13/83

APPROVED BY ERRY SEXTON DISTRICT I SUPERVISOR DATE OCT 17 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
OCT 17 1963  
O.C.D.  
MOBBS OFFICE