

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

300250874500

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1534

7. Lease Name or Unit Agreement Name

State J-2

8. Well No.

6

9. Pool name or Wildcat

Arrowhead Grayburg

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Conoco Inc.

3. Address of Operator

10 Desta Drive, Suite 100W, Midland, TX 79705

4. Well Location

Unit Letter C : 660 Feet From The south Line and 1980 Feet From The east Line

Section 2

Township 22S

Range 36E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR 3520'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

It is proposed to prepare this wellbore for inclusion in the Arrowhead Grayburg Unit by squeezing off perforations that are above the proposed unitized intervals as follows:

1. Set RBP at 3700' to isolate perforations@3648'-54'.
2. Squeeze these perforations with 250 sxs cement.
3. Drill out retainer (at 3500') and pressure test squeeze.
4. Pressure test casing to 500 psi for 30 minutes.
5. Turn wellbore over to Chevron, the unit operator.

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

SIGNATURE

Jerry W. Hoover

TITLE Regulatory Coordinator

DATE 3-21-91

TYPE OR PRINT NAME

Jerry W. Hoover

TELEPHONE NO. 915-686-6548

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: