

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

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

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

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

WELL API NO.
300250908400

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

South Eunice Unit

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
49

2. Name of Operator
Conoco Inc.

9. Pool name or Wildcat
Eunice RR Oil, South

3. Address of Operator
10 Desta Drive West, Midland, TX 79705

4. Well Location
Unit Letter N : 330 Feet From The south Line and 1650 Feet From The west Line
Section 28 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR 3505'

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 clean out, perforate additional pay and stimulate this well to remove scale & maximize production by the following procedure:

1. GIH with bit and casing scraper to 3838'.
2. Perforate 7-Rivers Zone 1 from 3657'-3667' w/4 JSPF.
3. Acidize from 3657'-3729' with 150 bbls 15% HCL/2% citric acid.
4. Return to production.

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 1/7/91
TYPE OR PRINT NAME Jerry W. Hoover TELEPHONE NO. (915) 686-6548

(This space for State Use)

APPROVED BY JERRY SEXTON
SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 09 1991

•

MEMBER OFFICE