

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. 30-025-28368 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9683
7. Lease Name or Unit Agreement Name ANDERSON RANCH UNIT
8. Well No. 18
9. Pool name or Wildcat ANDERSON RANCH WOLFCAMP

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CONOCO INC.	
3. Address of Operator 10 Desta Drive STE 100W, Midland, TX 79705	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1000</u> <u>600</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>16 S</u> Range <u>32 E</u> NMEPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: ACIDIZE <input checked="" type="checkbox"/>

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.

12-1-92 MIRU. POOH W/ RODS, PUMP & TBG. RIH W/ 4 3/4" BIT & CSG SCRAPER TAG FILL @ 9884
POOH. RIH W/ TBG & PKF SET @ 9658". PUMP 15 BBLs 15% HCL FOR PICKLE ACID. ACIDIZE W/ 95
BBLs HOT ACID W/ 15 BALL SEALERS PER 10 BBLs. FLUSH W/ 75 BBLs PRODUCED WATER, POOH W/
PKR & TBG. RBIH W/ TBG, PUMP & RODS.
12-7-92 RDMO. RETURN WELL TO PRODUCTION.

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

SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 1-20-93
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 22 1993