NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-105 Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	•	State Fee
OPERATOR		5. State Oil & Gas Lease No.
		06-5084
SUN (DO NOT USE THIS FORM FOR USE MAPPL		
OIL GAS WELL	OTHER.	7. Unit Agreement Name
2. Name of Operator CONOCO INC.		8. Form of Lease Name State 71-23
3. Address of Operator P. O. Bo	9. Well No.	
4. Location of Weil	10. Field and Pool, or Wildcat	
UNIT LETTER	1980 PEET FROM THE NOTTH LINE AND 1980 PEE	Mescalero San Andres
THE WEST LINE, B	ection 23 township 105 RANGE 32E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
16. Char	ck Appropriate Box To Indicate Nature of Notice, Report	
		UENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
repair &	surface whilew other	
OTHER	<u> </u>	
17. Describe Proposed or Complete work) SEE RULE 103.	ed Operations (Clearly state all pertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed
DRUM tracer bbls fresh w Calle. Displace install pop-of Trunable establish cir 360 sxs clai Once good install pop	w/rods & pump. Scrape csq to 4075 ontop. Establish pump-in rate @ survey. Braden head sq2 W/2 bbls tr spacer, 20 bbls Flo-Check & tail common throw wellhead w/fresh wtr, shut for valve set @ 800 psi. Rel RBP hang to establish pump-in rate, Perf @ 14 c. to surface. Poot w/pkr & set cm ss "H" w/2% CoCl2. returns are seen @ surface, shu off valve set@ 800 psi. Tag Toc & dr Rel RBP & Poot.	Salt Saturated brine, 2 In w/240 sxs Class"H" w/s In bradenhead value & well on & rig down. 177'. Set pkr @ 1374 & It retainer @ 1374'. Pump H-in bradenhead Valve fill out. Press. test sgz per
Hang well 18. I hereby certify that the information	on & Fig down .24 HOURS PHUR TO C	Chareficing Work
signed flor .	TITLE Administrative Supervisor	DATE
ORIGINAL SIGNED BY	PERVISOR TITLE	## 15 15 15 15 15 15 15 15 15 15 15 15 15
CONDITIONS OF APPROVAL, IF		NMOCO-Hopks