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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-85

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1534
7. Unit Agreement Name
8. Farm or Lease Name State J-2
9. Well No. 11
10. Field and Pool, or Wildcat Arrowhead-Grayburg
12. County Lea

**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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. 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 P. O. Box 460, Hobbs, N.M. 88240
4. Location of Well UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 22S RANGE 36E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOBS <input type="checkbox"/></p> <p>OTHER acidize &amp; scale inhibit <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1105.

MIRU. CO to 3910'. Set pkr @ 3800'. Acidize w/30 bbls 15% HCL-NE-FE acid. Flush w/15 bbls TFW. Swab. Scale inhibit. Place well on test. Pmpd 25 BO, 44 BW & 12 MCF on 2/28/85

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

SIGNED David D Smyli TITLE Administrative Supervisor DATE 4/25/85

APPROVED BY Edith W. Seay TITLE Oil & Gas Inspector DATE 4/25/85

CONDITIONS OF APPROVAL, IF ANY: