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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State ☐	Fee ☐
5. 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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name <u>South Eunice</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>South Eunice</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>31</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Eunice 7 Rops Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Clean Out, Perf. Acidize & Frac.</u> ☒

17. 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.

Work started on 5/5/88. Tag fill at 3804'. Run scraper to 3806'. Set pka at 3649'. Acidized 3722'-3799' w/ 90 bbls 15% FE-HCL w/110 gals NaClO 3452 Acid - Mate in 3 stages w/250# rock salt in between stages. Flush w/100 bbls 9# brine. Seal well. Perf w/ 2 spf at 3686'-96. Set RBP at 3715' & pka at 3605'. Acidize w/ 20 bbls 15% NE FE-HCL w/100# rock salt. Flush w/50 bbls 9# brine. Seal well. Frac 3686'-96 w/11,500 gals gelled water w/19,750# 20/40 sand. Clean out, remove pka & RBP. Run producing equipment & place on production

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

SIGNED Cecil A. [Signature] TITLE Administrative Supervisor DATE July 22, 1988

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: