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# NEW MEXICO OIL CONSERVATION COMMISSION

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**DEC 8 1982**  
**O. C. D.**  
**ARTESIA, OFFICE**

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.  
E-742

## 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator <b>CONOCO INC. ✓</b>	8. Farm or Lease Name <u>State S-19</u>
3. Address of Operator <b>P. O. Box 460, Hobbs, N.M. 88240</b>	9. Well No. <u>4</u>
4. Location of Well UNIT LETTER <u>U</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1700</u> FEET FROM THE <u>East</u> LINE, SECTION <u>19</u> TOWNSHIP <u>17S</u> RANGE <u>29E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Empire 160</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3646' GR</u>	12. County <u>Eddy</u>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Ran interm. csg.</u> <input checked="" type="checkbox"/>

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.

Ran 63jts 9 5/8" 36# K-55 casing @ 2600' Cmt w/1025sx  
Class 'C' and 'C' lite. Circ. 250sx to the surface. WOC  
18 hrs. Pressure test csg to 800# for 30 min. Held OK.

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

SIGNED Wm A. Bratterfield TITLE Administrative Supervisor DATE 12-7-82

APPROVED BY \_\_\_\_\_ TITLE Original Signed By  
Leslie A. Clements  
Supervisor District II DATE DEC 9 1982

CONDITIONS OF APPROVAL, IF ANY: