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NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED

DEC 13 1982

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

7. Unit Agreement Name

6. Form or Lease Name

State S-19

9. Well No.

4

10. Field and Pool, or Wildcat

Empire Abo

12. County

Eddy

SUNDY NOTICES AND REPORTS ON WELLS
ARTESIA OFFICE
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR RE-ENTER PERMIT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CONOCO INC. ☒

3. Address of Operator
P. O. Box 460, Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER O 660 FEET FROM THE South LINE AND 1700 FEET FROM
THE East LINE, SECTION 19 TOWNSHIP 17S RANGE 29E NS. PR.

15. Elevation (Show whether DF, RT, GR, etc.)
3644' GR

16. 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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Spud, ran surface csg.</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.

MIRU, spud on 11-20-82. In reference to your letter of Dec. 8, 1982, we ran 170' to 13 3/8" 48# csg and set @ 675'. Cmt w/ 580.5x class 'C' plus 4% gel & 18% salt 2% CaCl₂. Ran 1" pipe to 190'. Ran temp. survey: indicated TOC @ 200'. Pmpd 110.5x class 'C' neat. Circ. 10.5x WOC for 18 hours. Test shoe to 800psi for 30 min. Resume drilling.

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

SIGNED Wm A. Dethlefsen TITLE Administrative Supervisor DATE 12-10-82

APPROVED BY Mrs. W. L. Wether TITLE OIL AND GAS INSPECTOR DATE DEC 16 1982

CONDITIONS OF APPROVAL, IF ANY: