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NEW MEXICO OIL CONSERVATION COMMISSION

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

JUN 27 1983

O. C. D.

ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>

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 Conoco Inc. <input checked="" type="checkbox"/>	8. Farm or Lease Name STATE S-19
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>O</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> NMPM.	10. Field and Pool, or Wildcat EMPIRE ABO
15. Elevation (Show whether DF, RT, GR, etc.) 3644 GR	12. County EDDY

16. 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"/>	PLUS 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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> OPEN ADDITIONAL PAY	CASING TEST AND CEMENT JOBS <input 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.

MIRU. SET RBP @ 7120'. SPOT 2 BBLs 15%  
HCL-NE-FE FROM 7115' TO 7030'. PERF W/2 JSPP  
FROM 7094' TO 7108'. (TOTAL 32 HOLES) SET PKR @  
6987'. TREAT PERFS W/40 BBLs 15% HCL-NE-FE.  
FLUSH W/43 BBLs TFW. SWAB. RUN PRODUCTION  
EQUIPMENT. TEST.

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

SIGNED <u>Leslie A. Clements</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>6/24/83</u>
Original Signed By Leslie A. Clements Supervisor District #		DATE <u>JUN 29 1983</u>
APPROVED BY _____	TITLE _____	DATE _____