Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
AUG 29 1991
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

c15F
Dp

WELL API NO.
30-015-28468

5. Indicate Type of Lease STATE ☐ FEE ☐

6. 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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
JENNY COM

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
CONOCO INC.

8. Well No.
1

3. Address of Operator
10 Desta Drive STE 100W, Midland, TX 79705

9. Pool name or Wildcat
N. HAGGERMAN UPPER PENN.

4. Well Location
Unit Letter F : 1750 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 17 Township 14S Range 25E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ADD ADDITIONAL PERFS ☐	

12. 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.

1-4-91 MIRU CIH SET RBP AT 7856'
1-6-91 RIH W/ 4" HSPF CSG GUN PERF AT 7788-7831, 7669-7782, ACID PERFS WITH 9000 GAL. 20% HCl ACID
1-9-91 RIH PULLED RBP.
1-10-91 RIH WITH PUMP EQ. AND 2 7/8 TBG SET A 7591'.
1-11-91 WELL RETURNED TO PRODUCTION

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

SIGNATURE Bill R. Keathly TITLE SR STAFF ANALYST DATE 08-27-91

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE AUG 30 1991

CONDITIONS OF APPROVAL, IF ANY: