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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-27417

5. Indicate Type of Lease STATE ☐ FEE XX

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: BARBARA 17SW COM

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

RECEIVED
NOV 16 1993
O. C. D.

2. Name of Operator: CONOCO INC.

8. Well No. 17

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

9. Pool name or Wildcat: MORROW

4. Well Location
Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The WEST Line

Section 17 Township 19 S Range 25 E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3533.7

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: SPUD & SET SURFACE CSG	XX		

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.

11-8-93 MIRU. SPUD 14 3/4" HOLE, DRILL TO 1150'. GIH W/ 25 JTS 9 5/8" 36# K-55 LT&C CSG SET @ 1132'. SHOE SET @ 1132' AND COLLAR SET @ 1085'. FIRST STAGE LEAD SLURRY 900 SX H/L PP + 3% CACL + 5# GIL + 1/2# FLOCETE. TAIL SLURRY 200 SX PP W/ 2% CACL. SEMOND STAGE LEAD SLURRY 500 SX PP W/ 2% CACL. WOC FOR 4 HRS.

OCD NOTIFIED @ 6 am ON 11-9-93.

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 REGULATORY SPEC. DATE 11-12-93

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

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE NOV 2 9 1993

CONDITIONS OF APPROVAL, IF ANY: