Submit 3 Copies to Appropriate District Office

State of New Mexico linerals and Natural Resources Department Energ

Form C-103 Revised 1-1-89

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO. 30 015 29004

5. Indicate Type of Lease STATE FEE

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No. V 3001	
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 Savannah State	
1. Type of Well: Oil GAS WELL X WELL OTHER		
2. Name of Operator	8. Well No.	
Conoco, Inc. 3. Address of Operator 10 Desta Dr., Suite 100W, Midland, TX 79705 915 686-5424	9. Pool name or Wildcat North Dagger Draw Penn Upper	
4. Well Location Unit Letter B: 660 Feet From The North Line and 198		
Section 32 Township 19S Range 25E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3510 GR		
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	X ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN		
PULL OR ALTER CASING CASING TEST AND C	CASING CASING TEST AND CEMENT JOB	
OTHER: OTHER:		
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.

10-28-96:

Rigged up, pumped 1500 gals 20% slick acid, pumped 8,500 gals 15% gelled acid, pumped 1500 gals 20% slick acid into perforation @ 7714-7900'. Set 2 7/8" tubing @ 7672', well put on production.



NOV 2 2 1996

OIL CON. DIV.

	DIST. 2
I hereby certify that the information after a second complete to the best of my knowledge and belief. Regulatory Agent	11-20-96
SKINATURE MUL VISCOUS TITLE	915 684-6831
TYPE OR PRINT NAME Ann E. Ritchie	TELEPHONE NO.

TITLE

(This space for State Use) ORIGINAL DIEXECTY THE S. COM

4 1996 NOV DATE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -