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. 30-045-21699

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E 5226

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: STATE COM O (003275

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: CONOCO INC. <005073>

8. Well No. 11A

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

9. Pool name or Wildcat: BLANCO MESAVERDE (72319)

4. Well Location
Unit Letter O : 990 Feet From The SOUTH Line and 1850 Feet From The EAST Line

Section 16 Township 29 N Range 08W NMPM SAN JUAN 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:	[X]			OTHER: ADD 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.

1-5-96 MIRU. POOH W/ TBG. PERF MENEFEE W/ 3 1/8" CSG GUN @ 5080-82, 5250-66, 5326-34, 5386-5404, 1 SPF EVERY OTHER FOOT, TOTAL OF 34 SHOTS. ACID FRAC W/ 28 bbl 15% HCL @ 3.5 bpm W/ 50 1.3 BALL SEALERS. GIH W/ 2 7/8" TBG SET @ 5624'.
1-18-96 RDMO. RETURN WELL TO PRODUCTION

RECEIVED
AUG 1 2 1996
OIL CON. DIV.
DIST. 3

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 8-6-96

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

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE AUG 1 2 1996

CONDITIONS OF APPROVAL, IF ANY: