

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-045-27636	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-3157	
7. Lease Name or Unit Agreement Name State Com S	
8. Well No. 15	
9. Pool name or Wildcat Blanco Mesaverde	

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Conoco, Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, TX 79705	
4. Well Location H 1665 North 925 East Unit Letter : Feet From The Line and Feet From The Line Section 36 Township 32N Range 12W NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6434'	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Sidetrack <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

This well is an open hole, nitroglycerine completion. It is proposed to redrill, case, and fracture complete the Mesaverde formation according to the following:

1. Set a 400' plug from 4927'-4527' and a CIBP @ 4350'.
2. Perforate 7" casing @ 3140' and circulate cement to surface (325 sxs).
3. Set whipstock and mill window @ 4300'.
4. Drill 6-1/4" hole to 5660'.
5. Run 4-1/2" casing from 5660' to surface and cement up to 3300' (160 sxs).
6. Fracture complete Mesaverde and return to production.

Copies of this "intent" to sidetrack the State Com S #15 have been sent by certified mail to all offset operators. Copies of the certified mail receipts are attached.

RECEIVED
MAR 24 1994
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 Jerry W. Hoover TITLE Sr. Conservation Coordinator DATE 3/22/94
TYPE OR PRINT NAME Jerry W. Hoover (915) 686-6548 TELEPHONE NO.

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

MAR 24 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

P 989 354 408



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Amoco	
Street and No. P.O. Box 800	
P.O., State and ZIP Code Denver, CO 80201	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 3/22/94	

PS Form 3800, June 1991

Fold at line over top of envelope to the
right of the return address

CERTIFIED

P 989 354 408

MAIL

P 989 354 409



**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Meridian	
Street and No. P.O. Box 4289	
P.O., State and ZIP Code Farmington, NM 87499	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 3/22/94	

PS Form 3800, June 1991

Fold at line over top of envelope to the
right of the return address

CERTIFIED

P 989 354 409

MAIL

RECEIVED
MAR 24 1994
IN. DIV.
DIST. 3