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|---------------|--|
| DATE RECEIVED | |
| OPERATION | |
| DATE | |
| U.S.G.S. | |
| LAND OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103
Supersedes Old
O-100 and O-103
Effective 11-85

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1506

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR.
FOR INFORMATION FOR PROPOSALS FOR PLUG BACKS FOR SUCH PROPOSALS.

6. Well Type: OIL WELL, GAS WELL, OTHER

7. Name of Operator
CONOCO INC.
8. Address of Operator
P. O. Box 460, Hobbs, N.M. 88240

9. Well Identifier Name

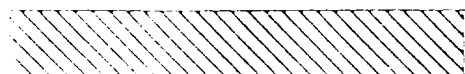
10. Name of Lease Unit
Langlie Lynn Queen Unit

11. Field and F.S.D. or National
5

12. Well Location: UNIT LETTER *J* YEAR *1980* FEET FROM THE *South* LINE AND *1980* FEET FROM

13. Field and F.S.D. or National
Langlie Mattix 7 Rvrs. Queen

14. Well Location: THE *East* LINE, SECTION *23* TOWNSHIP *23 S* RANGE *36 E* NORTH



15. Elevations (Show whether DF, RT, GR, etc.)

16. Depth
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

17. PERFORM REMEDIAL WORK
 18. TEMPORARILY ABANDON
 19. FULL OR PARTIAL CASING
 20. PLUG AND ABANDON
 21. CHANGE PLANS

SUBSEQUENT REPORT OF:

22. REMEDIAL WORK
 23. COMMENCE DRILLING OPER.
 24. CASING TEST AND CEMENT JOB
 25. ALTERING CASING
 26. PLUG AND ABANDONMENT
 27. OTHER

This form is to be completed immediately after the well is drilled, and give pertinent dates, including installation, date of starting any gray seal work. SEE RULE 103.

Drill out CIBPat 3604'. CO to 3670'. Set pkr at 3400'. Acidize Langlie Mattix as follows: Pump 90 bbls. 15% HCL-NE-FE. Divert between stages w/ 300# 50% rock salt and 50% Benzoic flakes in 200 gals. 10 ppg brine. Flush w/ 40 bbls. 2% KCL water. Swab. Release pkr. G.H w/ production equipment. Test.

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

APPROVED BY *[Signature]* TITLE Administrative Supervisor DATE April 16, 1981

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: