

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. 30-025-00384

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-9683

7. Lease Name or Unit Agreement Name

Anderson Ranch *unit*

8. Well No.

2

9. Pool name or Wildcat  
Wolfcamp *Anderson Ranch*

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 ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

CONOCO INC.

3. Address of Operator

10 Desta Drive W, Midland, TX 79705

4. Well Location

Unit Letter C :660 Feet From The North Line and 1980 Feet From The West Line

Section 11 Township 16S Range 32E NMPM Lea 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Open Add'l Pay ☒

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.

9-17-90 MIRU. POOH w/rods & pump. POOH w/tbg, anchor, SN, & OEMA. Ran csg scraper to 9900'. Perf 9735'-9860' w/4 JSPF (212 total holes). Set pkr @ 9656'. Acidize perf w/120 bbls 15% HCL-NE-FE dropping 3 balls every bbl. Flush w/60 bbls 9# brine. Swab. POOH w/pkr. GIH w/SOPMA & tbg. GIH w/rods. Return to production.

NMOCD (3) File

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

SIGNATURE *Ceal O. Yarbrough* TITLE Sr Analyst--Gas Prod DATE 10-12-1990

TYPE OR PRINT NAME Ceal O. Yarbrough TELEPHONE NO. 9156865583

(This space for State Use)

APPROVED BY *Jerry Sexton* TITLE DISTRICT 1 SUPERVISOR DATE OCT 25 1990

CONDITIONS OF APPROVAL, IF ANY: