NO. OF COPIES RECEIVED			<b>.</b>
DISTRIBUTION			Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSE	ERVATION COMMESSION	C-102 and C-103
FILE	NEW MEXICO OF CORSE	RYATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE		·	State State Fee
OPERATOR	· ·		5. State Oil & Gas Lease No.
_	•		5. State Off & das Ledse No.
	Y NOTICES AND REPORTS ON I		
USE "APPLICAT	ION FOR PERMIT -" (FORM C-101) FOR SUCH	PROPOSALS.)	
OIL GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8, Farm or Lease Name
Conoco Inc.			YOAKUM
3. Address of Operator			9. Well No.
P. O. Box 460	, Hobbs, New Mexico 8824	40	1
4, Location of Well			10. Field and Pool or Wildcat
UNIT LETTER 1	980 REET FROM THE SOUTH	LINE AND 1980	CHAVERDO (SAN ANDRES
THE WEST LINE, BECTIO	ON 15 TOWNSHIP 8-5	NANGE 33-E	
······			
	15, Elevation (Show whether L	OF, RT, GR, etc.)	12. County
			CHAVES ()
Check.	Appropriate Box To Indicate Na	ature of Notice, Report or O	ther Data
NOTICE OF IN	NTENTION TO:	SUBSEQUE	NT REPORT OF:
		. '	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ASANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CARING TEST AND CEMENT JOB	_
		OTHER COMPLETION	<u> </u>
OTHER			
17. Describe Proposed or Completed Or	perations (Clearly state all pertinent deta	ils, and give pertinent dates, includi-	ng estimated date of starting any proposed
work) SEE RULE 1705	•	and and a post many days a process of	is estimated date of starting any proposed
MIRU 11/1/83.	PERF W/1 JSPF	= @ 4286' 4311	7' 14' 18' 26' 37'
	387! SET PKR @		
15% HCI - NE-FE	FLUSHED W/43	agic TEM C	
	· · · · · · · · · · · · · · · · · · ·	(31365 11 00. 5	WAD. KEL PKR.
TESTED. MIRU	12/5/83. SET	PKP @ 4170'	A c + 0 = = 0 /
	· · · · · · · · · · · · · · · · · · ·	- A. 10.	MONDICEID W/
30 BBLS 15%	HCL-NE-FE, 1	28 BBIS 287	HCI - NE- EE +
			11-1 10-1-1
266 BBLS GELLE	EO TFW. SWAD.	REL PKR. R	RAN PROD FOLIR
1mpo 30 BO	, 90 BW, 4 14	MCF IN 24	HR< 1/8/84
•	,		

ORIGINAL SIGNED BY ENDIE SEAT	,	DATE 1 0 100 4
SIGNED THE 9- Walter L. O	TITLE Administrative Supervisor	1/12/84
18. I hereby certify that the information above is true and complete	e to the best of my knowledge and helles	