

NEW MEXICO OIL CONSERVATION COMMISSION

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name YOAKUM
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>15</u> TOWNSHIP <u>8-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat CHAVEROO
15. Elevation (Show whether DF, RT, GR, etc.)	12. County CHAVES

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>SET SURFACE CASING</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1104.

MIRU. SPUD @ 1:30 PM ON 10/16/83. DRILLED TO 1875'. CIRC HOLE CLEAN. RAN 42 JTS OF 8 5/8" 24# K-55 ST+C CASING SET @ 1875'. CMT W/700 SXS CLASS "C" W/2% CaCl₂. TAILED W/150 SXS CLASS "C" W/2% CaCl₂. CIRC CMT TO SURFACE. WOC.

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

SIGNED Wm A. Deffenbacher TITLE Administrative Supervisor
ORIGINAL SIGNED BY Wm A. Deffenbacher
DISTRICT SUPERVISOR

DATE 10/19/83
OCT 21 1983

RECEIVED

OCT 20 1983

O.C.D.
HOBBS OFFICE