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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.

B-9683

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Inj well</u>		7. Unit Agreement Name <u>Anderson Ranch Unit</u>
2. Name of Operator <u>CONOCO INC.</u>		8. Farm or Lease Name <u>Anderson Ranch Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, N.M. 88240</u>		9. Well No. <u>6</u>
4. Location of Well UNIT LETTER <u>X</u> <u>6660</u> FEET FROM THE <u>South</u> LINE AND <u>6600</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>16S</u> RANGE <u>32E</u> NMPM.		10. Field and Pool, or Wildcat <u>Anderson Ranch Wolfcamp</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Lea</u>

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS 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 <input 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 1103.

MIRU. Set CIBP @ 9600'. Set sqz pkr @ 9550' & test CIBP to 1000 psi. Reset pkr @ 5000'. Sqz cmt csg from 5000' - 6465' w/450 sxs class "H" cmt w/1% HALAD 5. Flush w/30 BFW. Rel sqz pkr. Button up wellhead.

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

SIGNED Kerrin L. Vogel TITLE Administrative Supervisor DATE 7/29/85

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE DATE AUG - 1 1985

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JUL 31 1983