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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.	

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>Injection 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, New Mexico 88240</u>		9. Well No. <u>6</u>
4. Location of Well UNIT LETTER <u>P</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Locate and repair csq leak</u> <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <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 1708.

MIRU. Release pkr @ 9264'. CO to 9645'. Set RBP @ 9635' and pkr at 9435'. Pressure test csq to 600psi @ 500' intervals until leak is isolated. Cmt squeeze w/ appropriate volumes. WOC. Run Inj. equip. Monitor.

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

SIGNED <u>Wm A. Butler</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>9-24-84</u>
ORIGINAL SIGNED BY JERRY SEKTON		
APPROVED BY <u>DISTRICT SUPERVISOR</u>	TITLE	DATE

SEP 26 1984