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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 Fee
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 - 1" (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 <i>Anderson Ranch Unit</i> |
| 2. Name of Operator CONOCO INC. | 8. Farm or Lease Name <i>Anderson Ranch Unit</i> |
| 3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240 | 9. Well No. 4 |
| 4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>16 S</u> RANGE <u>32 E</u> NMPM. | 10. Field and Pool, or Wildcat <i>Anderson Ranch Wolfcamp</i> |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County <i>Lea</i> |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <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.

*Drill out cmt to 9810'. Perf the following 9760'-9764', 9780'-9800' w/ 1 JS PF.
Set pkr at 9750'. Acidize w/ 2000 gals. 15% LSTNE-FE-HCL. Flush w/ 70 bbls
TFW. Swab.*

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

SIGNED *Wm A. Butler* TITLE Administrative Supervisor DATE July 29, 1981

APPROVED BY _____ TITLE _____ DATE AUG 3 1981

CONDITIONS OF APPROVAL, IF ANY: