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

18. 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 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 <input type="checkbox"/>		OTHER <u>temporarily Abandon</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 1703.

- ① MIVU on 9/26/85. pmp 150 bbls 10[#] brine down tbg to Kill well.
- ② Set CIBP @ 9450'
- ③ Pmp 25 bbls pkr fluid down csg (circ. hole)
- ④ Remove BOP, rig down, clean location on 10/1/85.

Expires 11/2/85

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

SIGNED Karin L. Vogel TITLE Administrative Supervisor DATE 11-7-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

NOV 12 1985

APPROVED BY _____ TITLE _____ DATE _____

RECEIVED

NOV 8 - 1985

O.C.D.
HOEBS OFFICE