| NO. OF COPIES RECEIVED                                     |  |  |  |                                   | Form C-103<br>Supersedes Old   |
|--|--|--|--|-----------------------------------|--|
| DISTRIBUTION   |  |  |  |                                   | C-102 and C-103  |
| SANTA FE   | NEW A  | MEXICO OIL CONSI   | ERVATION COMMISSIO   | N                                 | Effective 1-1-65   |
| FILE   | · ·  |  |  |                                   | 5a. Indicate Type of Lease   |
| U.S.G.S.   |  |  |  |                                   | State Fee. V   |
| LAND OFFICE<br>OPERATOR                                    |  | •  |  |                                   | 5. State Oil & Gas Lease No.   |
| OPERATOR   |  |  |  |                                   |  |
| (DO NOT USE THIS FOR                                       | SUNDRY NOTICES AN M FOR PROPOSALS TO DRILL OR PAPPLICATION FOR PERMIT -"   | ID REPORTS ON  | WELLS ACK TO A DIFFERENT RESER ( PROPOSALS.)                                     | voin.                             |  |
| 1. OIL GAS WELL WELL                                       | OTHER-   |  |  |                                   | 7. Unit Agreement Name   |
| 2. Name of Operator CONC                                   | DCO INC.   |  |  |                                   | 8. Form or Lease Name Taylor   |
| 3. Address of Operator P. O. F                             | 30x 460, Hobbs, N.M. 8   | 38240  |  |                                   | g, Well No. /  |
| 4. Location of Well  | 1980   | South  | LINE AND 660   |                                   | 10. Field and Pool, or Wildcat Malamar GISA  |
| UNIT LETTER  |  |  | LINE AND COO   |                                   |  |
| THE West !   | •  | vation (Show whether   |  | NMPM.                             | 12. County   |
|  | 15. El-  | wation (Snow whether   | Dr, R1, GR, etc.)  |                                   | Lea Allilli  |
|  | Check Appropriate Bose of Intention To:  |  | ature of Notice, Re  | eport or Oth                      | ner Data<br>REPORT OF:   |
|  |  | ·  |  | $\overline{}$                     | A  |
| PERFORM REMEDIAL WORK                                      | j<br>1   | LUG AND ABANDON  | REMEDIAL WORK  | . H                               | ALTERING CABING  PLUG AND ABANDONMENT  |
| TEMPORARILY ABANDON  |  |  | COMMENCE DRILLING OPN  | <b>—</b>                          | PEGG AND ABARDONMENT   |
| PULL OR ALTER CASING                                       | )  | HANGE PLANS  | OTHER  |                                   |  |
| OTHER  |  |  |  |                                   |  |
| ***************************************                    |  |  | · · · · · · · · · · · · · · · · · · ·  | inaludina                         | estimated date of starting any proposed  |
| 17. Describe Proposed or Co. work) SEE RULE 1705.          | npleted Operations (Clearly  | state all pertinent det  | itis, and give pertutem a  | ares, merasing                    | and the second and th |
| Set pkr@ look<br>to, pump 40<br>class "C" cm<br>perf @ 934 | 5'. Attempt to c) sxs neat clo t- Spot cmt p w/4 Jspf. S se surface val ear valve. Stin uner. Pull up ho p hole. Cut o | pump free<br>uss "C" cm<br>whing up ho<br>et cont ret<br>lue é soces | sh wto down<br>it. Pull up hole<br>le. If not abb<br>amer @ 900′.<br>e. away ren | csg-c<br>to 24<br>to pun<br>Circ. | rainer @ 3770'.  sg annulus. If able of & spot 25 sxs  np wtr down annulus, Ilo4 sxs neat class cnt. Flush wellhead neat class "C" cnt uss "C" cnt. Spot ker, clean location   |
| 18. I hereby certify that the                              | information above is true and  | i complete to the best   | of my knowledge and bel.  Administrative Super                                   | alyst                             | DATE 5/20/85   |
| ORIGINAL   | SIGNED BY EDDIE SEAY   | TITLE  |  |                                   | MAY 3 1 1985   |
| APPROVED BY  |  |  |  |                                   | ${\mathcal B}$   |

RECEIVED

MAY 23 1985

C.C.D.

| •  |  |                                       | •   |             |                                   |                                       |
|--|--|---------------------------------------|---|-------------|-----------------------------------|---------------------------------------|
| NO. OF COPIES RECEIVED   |  | •                                     |   |             | Form C-103                        |                                       |
| DISTRIBUTION   |  |                                       |   |             | Supersedes Ol                     |                                       |
| SANTA FE   | NEW MEXICO   | OIL CONS                              | ERVATION COMMISSION                                     | **          | 'C-102 and C-1<br>Effective 1-1-6 |                                       |
| FILE   |  |                                       |   |             |                                   |                                       |
| U.S.G.S.   |  |                                       | :   | 50          | . Indicate Type                   | of Lease                              |
| LAND OFFICE  |  |                                       |   | L           | State                             | Fee.                                  |
| OPERATOR   |  |                                       |   | 5.          | State Oil & Ga                    | s Lease No.                           |
|  | ·  | · · · · · · · · · · · · · · · · · · · | •   |             | ·····                             | ••••                                  |
| SUNDR<br>(DO NOT USE THIS FORM FOR PRO<br>USE "APPLICATI                           | Y NOTICES AND REP<br>Posals to drill or to deep<br>ion for permit -" (form c.  | EN OR PLUG B                          | WELLS<br>ACK TO A DIFFERENT RESERVOIR.<br>H PROPOSALS.) |             |                                   |                                       |
| I. OIL GAS WELL WELL   | OTHER-   |                                       |   | 7.          | Unit Agreemen                     | t Name                                |
| 2. Name of Operator  |  | <del>, , , , , , , , , , , ,</del>    |   | 8.          | Farm or Lease                     | _                                     |
| Conoco Inc.  |  |                                       |   |             | IAYLO                             | R                                     |
| 3. Address of Operator   |  |                                       | ,   | 9.          | Well No.                          |                                       |
| P. O. Box 460  | , Hobbs, New Mex   | Lco 882                               | 40  |             | <u>~</u>                          | •                                     |
| 1  | 980 PEET PROM THE  | SOUTH                                 | LINE AND 660  | ET FROM     | NALJA                             |                                       |
|  |  |                                       |   |             |                                   |                                       |
| THE WEST LINE, SECTION   | N TOWNSH   | P                                     | S MANGE 32-E  | _ HMPM.     |                                   |                                       |
|  | 15. Elevation (S   | how whether                           | DF, RT, GR, etc.)                                       | 1           | 2. County                         |                                       |
|  |  | ·                                     |   |             | LEA                               | VIIIIII                               |
| Check  | Appropriate Box To I   | ndicate 1                             | ature of Notice, Report                                 | or Other    | Data                              |                                       |
| NOTICE OF IN   | TENTION TO:  |                                       | SUBSE   | QUENT R     | EPORT OF:                         |                                       |
| <u>-</u>   |  |                                       |   | ·           |                                   | ľ                                     |
| PERFORM REMEDIAL WORK  | PLUG AND A   | BANDON                                | REMEDIAL WORK   | 片           |                                   | THE CARING                            |
| TEMPORARILY ABANDON PULL OR ALTER CABING   | CHANSE PLA   |                                       | COMMENCE DRILLING OPHS.  CASING TEST AND CEMENT JOS     | $\vdash$    | PLUG A                            | MED ABANDONMENT                       |
| POLL ON ACIEN CASING   | CHORSE PER   | ···                                   | OTHER PLUG BAC  | - A.        | CIDIZE !                          | FRAC                                  |
| OTHER  | ·  |                                       |   | <del></del> |                                   | · · · · · · · · · · · · · · · · · · · |
|  | (6)  |                                       | <u> </u>  |             | <del></del>                       |                                       |
| 17. Describe Proposed or Completed Opwork; SEE RULE 1708.                          | erations (Clearly state all)   | pertinent det                         | alls, and give pertinent dates, t                       | nciuding ex | timated date of i                 | starting any propo                    |
| 11RU 10/7/83.  | Set cont   | 0 C TA U                              | 150 @ 3910'   | P           |                                   | 04                                    |
|  |  |                                       |   |             |                                   |                                       |
| W/100 SXS CLASS  | "C". PMPD  | 175                                   | GALS 15% NI   | E-FE-       | HCL 3.                            | 700 -                                 |
| 3867'. PERF W/1  |  |                                       |   |             |                                   |                                       |
| Sagi. Teke w/ 1  | 1 1  | 10, 11                                | , 10, 10, 11, 36  | 00, 4L      | ), G3, G4                         | L' 4 3802                             |
| Set PKR @ 3638   |  |                                       |   |             |                                   |                                       |
| FRAC'D W / 559 B   | BLS GEL 35   | GOLS                                  | ACID + 48.00  | 00 LBS      | 20/4                              | CAALO                                 |
| 0  |  |                                       | 701.0   |             |                                   | SAND.                                 |
| REL PKR. SET CM  | IT RETAINER (  | 2 31                                  | 10. CMT W/  | 150         | sxs C                             | LASS                                  |
| SPOTTED GO GALS  | 15% ACID "   | 3700'.                                | 3744' PERF V  | N/1 3       | ISPF @                            | 3714                                  |
| 26',33',38', 4 3742  | SET PUR  | @ 36                                  | OG' ACIDIZED  | DEDE        | × 11/8                            | SDD CALS                              |
|  |  |                                       |   |             |                                   |                                       |
| 15% NE-FE-HCL  | TOBME  | RAC'D                                 | w/2143BL  | 5 GE        | r 4 3                             | 1,000                                 |
| LBS 20/40 SAND   | . REL PKR  | R.                                    | N PROD EQUI   | P. F        | men 1                             | D RN                                  |
|  | _  |                                       |   |             |                                   | _                                     |
| 116 BW IN 24   | - HRS 11/3   | 5/83.                                 | WELL SHUT-IN.   | IFR         | EMEDIAL                           | - 0N                                  |
| No.   IS SUCCESSFUL  | ., No. 2 wi  | لإلى هة                               | RETURNED TO   | O IN:       | JECTION                           | . IF                                  |
| No. IS SUCCESSFUL<br>NOT, THIS WELL W<br>18. I hereby certify that the information | ILL BE P4  | A '0.                                 | of my knowledge and belief                              |             |                                   | · · · · · · · · · · · · · · · · · · · |
| ic. I nereby certify that the information  | above is true and complete   | to the best                           | of my knowledge and nerrel.                             |             |                                   |                                       |
| 1/11   | 100  | αδΔ                                   | inistrative Supervi                                     | sor         | 10                                | /28/83                                |
| SIGNED MICK PROPERTY   | A REPORT OF THE PARTY OF THE PA |                                       |   |             | DATE 1 6                          |                                       |
| ORIGINAL SIGNED BY   | MERVISOR   | 64                                    | peres 1/1/83  |             | t V VI                            | 1 1 1984                              |
| DISTRICT ( SO  |  | -,-,-                                 |   |             | WHW.                              | 1 1                                   |
| APPROVED BY  |  | 11155                                 |   |             |                                   |                                       |

HOSS COLLEGE

| -                      |  |  | Form C-103                              |
|------------------------|--|--|---|
| NO. OF COPIES RECEIVED |  |  | Supersedes Old<br>C-102 and C-103       |
| DISTRIBUTION           | NEW MEXICO OIL CONSE   | RVATION COMMISSION                             | Effective 1-1-65                        |
| SANTA FE               | NEW MEXICO OIL CONCE   |  |   |
| FILE                   |  |  | 5a, Indicate Type of Lease              |
| LAND OFFICE            |  |  | State Fee, Y                            |
| OPERATOR               |  |  | 5, State Oil & Gas Lease No.            |
| OPERATOR 1             | '  |  |   |
| SUNDR                  | Y NOTICES AND REPORTS ON W   | /ELLS :K TO A DIPPERENT RESERVOIR. PROPOSALS.) | 7. Unit Agreement Name                  |
| I. OIL GAS WELL        | OTHER. WATER INJE  | CTION  | 8. Farm or Lease Name                   |
| 2. Name of Operator    | t t  |  | TAYLOR                                  |
| Conoco Inc.            |  |  | 9. Well No.                             |
| 3. Address of Operator |  |  | 2                                       |
|                        | ), Hobbs, New Mexico 8824  | .0   | 10. Field and Pool, or Wildcat          |
| 4; Location of Well    | 980 FEET FROM THE SOUTH  | LINE AND GGO FEET FROM                         | MALJAMAR G/SA                           |
| THE WEST LINE, SECT    | ON 14 TOWNSHIP 17-   | S RANGE 32-E NMPM.                             |   |
|                        | 15. Elevation (Show whether L  | F RT GR etc.)                                  | 12. County                              |
|                        | 4054 'DF   |  | LEA ()                                  |
|                        | Appropriate Box To Indicate No   | ature of Notice, Report or Ot                  | her Data<br>T REPORT OF:                |
| NOTICE OF I            | NTENTION TO:   | 308324021                                      |   |
| PERFORM REMEDIAL WORK  | PLUS AND ABANDON   | REMEDIAL WORK                                  | ALTERING CASING                         |
| TEMPORARILY ABANDON    | <u></u>  | COMMENCE DRILLING OPNS.                        | PLUE AND ABANDONMENT                    |
| PULL OR ALTER CASING   | CHANGE PLANS   | CASING TEST AND CEMENT JQS                     |   |
| OTHER PLUG BACK,       |  |  |   |
| PRODUCTION, A          | Operations (Clearly state all pertinent deta   | ils, and give pertinent dates, including       | estimated date of starting any proposed |
|                        |  |  |   |
| MIRU. SET CMT          | RETAINER @ 3910  | PLUG BACK OH                                   | W/100 SXS CLASS                         |
| "C" SPOT 175 G         | ALS 1570 NE-FE-HCL   | 3700-3867'. PER                                | re w/ I JSPF @                          |
| 2790 91 95 97          | (99), 3838, 40, 65, 6  | 6,67'. SET PKR (                               | @ 3650. ACIPIZE                         |
| 3790'-3867' w/         | 1500 GALS 1570 /   | ACID. FLUSH W/T                                | 35 BBLS IFW.                            |
| D-1- 240 6 3           | 760' Fax 3780  | '- 3867' w/2050                                | O GALS GELLED                           |
| 102E                   | PKR @ 3600'. Spo   | 2000 Las 20/40 s                               | AND SWAB. SET                           |
| FLUID , 14 22 FBS      | GUAR GEE, V TO   |  | 3700'-3760                              |
| RBP @ 3770'+           | PKR @ 3600, Seo  | T GUGALS 15%                                   | ACID 3100 3160                          |
| Page W/I TSPE          | @ 3714,26,33,7   | 38,42'. Acidize                                | w/ 800 GALS 15%                         |
|                        | 35 BBLS TFW. FR  | AC W/9000 GAL                                  | S GELLED FLUID,                         |
| ACID. FLUSH W/         | של מינים של | - 110  | A Real and the                          |
| 1235 LBS GUAR G        | EL, 4 21000 LGS 2  | 10/40 sand. Jw                                 | AID, ITEL PER T                         |
| 000 0                  | CUCTION FOULPR   | 1ENT. TEST.                                    |   |

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

| SIGNED | SIGNED | SUNGRY | NOTICE DATED 6/23/83.) | AUG 22 1983.

| APPROVED BY | DISTRICT | SUPPRISOR | TITLE | DATE | D

AUG 19 1983
HOBBS OFFICE

|  | <del></del>  |  |
|--|--|--|
| NO. OF COPIES RECEIVED                         |  | Form C-103<br>Supersedes Old                     |
| DISTRIBUTION                                   |  | C-102 and C-103                                  |
| SANTA FE                                       | NEW MEXICO OIL CONSERVATION COMMISSION   | Effective 1-1-65                                 |
| FILE   |  | Sa. Indicate Type of Lease                       |
| U.S.G.S.                                       |  | State Fee.                                       |
| LAND OFFICE                                    |  | 5. State Oil & Gas Lease No.                     |
| OPERATOR                                       |  | <b>5.</b> 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. |
|  |  |  |
| SUN<br>(DO NOT USE THIS FORM FOR<br>USE "APPLI | DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | 7, Unit Agreement Name                           |
| OIL GAS WELL .                                 | OTHER. WATER INJECTION   |  |
| 2. Name of Operator                            | •  | 8, Form or Lease Name  TAYLOR                    |
| CÓNOCO INC.                                    |  | 9. Well No.                                      |
| P. O. Box 460, Hobbs, 1                        | Star godan   | 2  |
|  | Y.M. 00240   | 10. Field and Pool, or Wildcat                   |
| 4. Location of Well                            | 1990 5 660   | MALJAMAR (G-SA)                                  |
| UNIT LETTER                                    | 1980 FEET FROM THE SOUTH LINE AND 660 PEET P   | THITTINI MOST                                    |
| THE WEST LINE, SE                              | CTION 14 TOWNSHIP 175 RANGE 32E NO   | MPM. ((((((())))))                               |
|  | 15. Elevation (Show whether DF, RT, GR, etc.)  | 12. County                                       |
|  | 4054 OF  | LEA AMMINI                                       |
|  |  | Color Date                                       |
|  | ck Appropriate Box To Indicate Nature of Notice, Report or INTENTION TO: SUBSEQU   | ENT REPORT OF:                                   |
|  |  |  |
| PERFORM REMEDIAL WORK                          | PLUS AND ABANDON REMEDIAL WORK   | ALTERING CABING                                  |
| TEMPORARILY ABANDON                            | COMMENCE DEILLING OPNS.  | PLUS AND ABANDONMENT                             |
| PULL OR ALTER CASING                           | CHANGE PLANS CASING TEST AND CEMENT JOB  |  |
| 0  | CONVERT TO   | 1 1 10 10 5                                      |
| PRODUCTION                                     | ACIDITE ECAC : Del Mulk  | ala C-102  |
| 17 Describe Proposed or Complete               | d Operations (Clearly state all pertinent details, and give pertinent dates, incli   | uding estimated date of starting any proposed    |
| anochi see bulle 1703.                         |  |  |
|  | CIBP @ 3910. SET PKR @ 38  |  |
| w/3000 PSI                                     | 4 SPOT 2 SXS CMT ON TOP. S   | 1907 4 BBLS 15%                                  |
| LSTNE HCL                                      | FROM 3700 TO 3867' POOH W/F  | KR. PERF THE                                     |
|  | RG W/I JSPF @ 3714, 33, 38   |  |
|  |  |  |
| -  | , 3867' (TOTAL 11 SHOTS). SET PKR  | _  |
|  | BBLS 15% LSTNE HCL. FLUSH W  |  |
| TFW. SAND F                                    | RAC 3714'-3867' W/A TOTAL 0  | f 75,000 LBS                                     |
|  | 735 BBLS 2% KCL TFW, 772 LBS   |  |
| + 1235 LBS G                                   | UAR GEL. SWAB. REL PKR. CC   | ) IF NECESSARY.                                  |
| Rin eenous                                     | TION EQUIPMENT. TEST. ation above is true and complete to the best of my knowledge and belief.   |  |
| 18. I hereby certify that the inform           | ation above is true and complete to the best of my knowledge and belief.   |  |
| /  |  | 1/00/00  |
| DIGHED Thy a Head                              | Administrative Supervisor  | DATE 6/23/83                                     |
| ONIGHTAL OF                                    | REPOTERAN SEKTON<br>DE COLORENTES  |  |
|  |  | DATE   |

DATE .

.