## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

STRICT I O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 300252447300
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexic	xo 87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410  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.)		STATE FEE X
		6. State Oil & Gas Lease No.
		7. Lease Name or Unit Agreement Name Hilburn
Type of Well: Oil. GAS WELL X WELL OTHER		
Name of Operator		8. Well No.
Conoco Inc.		1
Address of Operator		9. Pool name or Wildcat
10 Desta Drive West, Midland, TX 79705		North Shoebar Wolfcamp
Unit Letter E: 1980 Feet From The north	Line and 66	60 Feet From The West Line
Out Least Feet From the	1200 and	Total Tito
Section 13 Township 16S	Range 35E	NMPM Lea County
10. Elevation (Show whet	her DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
		· •
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
RFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
ILL OR ALTER CASING	CASING TEST AND CEMENT JOB	
HER: Recomplete	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details work) SEE RULE 1103.</li> </ol>	s, and give pertinent dates, incli	uding estimated date of starting any proposed
It is proposed to temporarily recomplete Strawn completion by the following proced Wolfcamp completion, approval will be sou completions.  1. RIH and set RBP above the Strawn at 1 2. Perforate Wolfcamp 10,236-10,542 with	ure. It is antic ght to downhole o 1,175'.	cipated that, after testing the
<ul><li>3. Acidize with 120 bbls of 15% HCL.</li><li>4. RIH with production equipment and put</li></ul>		
I hereby certify that the information above is true and complete to the best of my knowledge	and belief.	
SIGNATURE James Willows		7 Coordinator DATE
Jerry W. Hoover		TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

OCT 1 7 1990

- DATE -

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