

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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. <u>E-7744</u>

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>Mesa Queen</u> State <u>TX</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico 88240</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1040</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>16S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat <u>Mesa Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4372.1 GR</u>	12. County <u>Lea</u>

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 JOB <input type="checkbox"/>	OTHER <u>spud; run surface csg.</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 1705.

MIRU. Spud well @ 5:00 p.m. on 4-16-85. Run 14 jts 8 5/8" 24", 28",
36", K-55, 8" csg set @ 521'. Cmt w/120 sxs class "C" plus 4% gel.
Tail w/80 sxs class "C" plus 2% CaCl₂ - Circ. 23 sxs to surface.

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

SIGNED David L. Smylie TITLE Administrative Supervisor DATE 4/22/85

DISTRICT SUPERVISOR

DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 4/24/1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 23 1985

3 00 PM
HOSPITAL