Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-30257

5. Indicate Type of Lease STATE [X] FEE [ ]

6. 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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Anderson Ranch Unit

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Conoco Inc.

8. Well No. #22

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

9. Pool name or Wildcat: Anderson Ranch Wolfcamp

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660' Feet From The West Line

Section 2 Township 16S Range 32E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Test Additional Wolfcamp Pay [X]		OTHER: [ ]	

12. 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.

MIRU. Mill out CIBP @ 9200' and push to PBTD @ 9950'.
Perf. Wolfcamp @ 9887, 9864-84' and 9852-54' w/2 JSPF (50 perfs)
Acidize perfs from 9798-9887 w/5500 gal 15% HCL-NE-FE acid
inhibited for 24 hours. Swab. Return to production.

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

SIGNATURE Mike Summerhaus for TITLE Administrative Supervisor DATE 11-11-89

TYPE OR PRINT NAME W. W. Baker TELEPHONE NO. 397-5800

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 20 1989

CONDITIONS OF APPROVAL, IF ANY: