	_		
NO. OF COPIES RECEIVED			France 1 1 1 2
DISTRIBUTION			Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103
FILE		TOTAL COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR	_]		5. State Oil & Gas Lease No.
			B-9683
SUNDRY NOTICES AND REPORTS ON WELLS  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)  1.			
USE **APPLICA	TION FOR PERMIT - " (FORM C-101)	PLUG BACK TO A DIFFERENT RESERVOIR. FOR SUCH PROPOSALS.)	
OIL GAS			7. Unit Agreement Name
2. Name of Operator	OTHER-		Anderson Ranch
Conoco Inc.			3. Farm or Lease Name
3. Address of Operator			Anderson Kanch Unit
P.O. Box 460 - Hobb	s, New Mexico 88240		9. Well No.
4. Location of Well			22
UNIT LETTER U , 660 FEET FROM THE South LINE AND 660 FEET FROM			10. Field and Pool, or Wildcat
			Anderson Ranch Wo Heamp
THE West LINE SERV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6-5 RANGE 32-E NMPM	
	TOWNSHIP	RANGE JA-C NMPM	
		hether DF, RT, GR. etc.)	12. County
	4320'	GL	Lea MIIIIII
Check	Appropriate Box To Indic	ate Nature of Notice, Report or Ot	has Dasa
NOTICE OF I	NTENTION TO:	SUBSECUEN	T REPORT OF:
		33532432.1	TREFORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	•
		OTHER Set Intermed	late Csq X
OTHER		-	9
17. Describe Proposed or Completed O	perations (Clearly state all pertine	nt details, and give pertinent dates, including	s estimated data of exacting any property
Ran 99,1ts 8	<sup>5</sup> / <sub>8</sub> , 32#, K-5	55, LT+C Csg + Set	@ 4200'.
1	N _ N	100 0 1 1000	79 05 2 29 6.61-
Cm+ w/900 sx	is class c plu	s 4% Gel, 18% salt, .	1 /0 CP-d, d /0 cac/a.
To 1 11 550 5	vs class "C" plu	s .3% CF-1, 1% Cac	12. Circ.
1 1211 27 250 0	,	· · · · · · · · · · · · · · · · · · ·	=/ " - +0
48 bbls cm	t returns. Wo	c 18 hrs. Test 8	7/8 Csg 10
600 # W/r	10 160 K2 ·		
•	• -		
·	. , -		
•			
·			
•			
· .			
18. I hereby constitutes and inter-			
18. 1 hereby certify that the information	above is true and complete to the	best of my knowledge and belief.	
	above is true and complete to the		
SIGNED TO SALLY	D.F.Finney TITLE	best of my knowledge and belief.  Administrative Supervisor	DATE 4/11/88
ORIGINAL SIG	D.F. FINNEY TITLE		DATE 4/11/88
ORIGINAL SIG	D.F.Finney TITLE		
ORIGINAL SIG	D.F. FINNEY TITLE  NED BY JERRY SEXTON  CT I SUPERVISOR	Administrative Supervisor	DATE 4/11/88 APR 1 8 1988

RECOWED

APR 1 5 1988

OCD - PONSS OFFICE