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# 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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name GOODWIN 30
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>30</u> TOWNSHIP <u>18S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

16. 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 checked="" type="checkbox"/> OPEN ADD'L PAY	CASING TEST AND CEMENT JOBS <input 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 1503.

MIRU. SET RBP @ 7370'. SPOT 1 BBL 15% HCL-NE-FE  
7281'-7340'. PERF W/2 JSPF 7296'-7340' (TOTAL  
34 PERFS). SET PKR @ 7250'. ACIDIZE PERFS  
W/60 BBLs 15% HCL-NE-FE. FLUSH W/46 BBLs  
TFW. SWAB. REL PKR & RBP. RUN PRODUCTION  
EQUIPMENT. TEST.

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

SIGNED Wm A. Batten TITLE Administrative Supervisor DATE 2/16/84  
ORIGINAL SIGNED BY JERRY SEXTON  
FEB 20 1984