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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-6581	

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 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 STATE GG-30	
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 2	
4. Location of Well UNIT LETTER M , 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 30 TOWNSHIP 18-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat GOODWIN A30	
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"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER OPEN ADD'L PAY <input checked="" type="checkbox"/>		OTHER <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 1708.

MIRU. CO TO 7450'. SPOT 2 1/2 BBLs 15% HCL-NE-FE
7250'-7400'. PERF w/ 2 JSPF @ 7274'-7358' (56
PERFS). ACIDIZE PERFS w/ 60 BBLs 15% HCL-NE-FE
DIVERTING w/ 4 BBLs TREATED BRINE, 90 LBS ROCK
SALT, 84 LBS BENZOIC ACID FLAKES, + GUAR GUM.
FLUSH w/ 30 BBLs WATER. SWAB. RUN PROD
EQUIP. TEST.

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

SIGNED Wm A. Dutton TITLE Administrative Supervisor DATE 7/11/84
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE JUL 13 1984