

to Appropriate  
District Office

Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

## OIL CONSERVATION DIVISION

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

WELL API NO.

30 025 32823

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Conoco "29" State (15709)

8. Well No.

2

9. Pool name or Wildcat

(2300) Eunice Monument (GB/SA)

**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.)

1. Type of Well:

OIL  
WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

SOUTHWEST ROYALTIES, INC.

3. Address of Operator

P. O. BOX 11390; MIDLAND, TX 79702

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 29 Township 18S Range 37E 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Re-completion in Penrose: Eumont/Yates ☐  
SR-Queen

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

- 1) RUPU & POH w/prod. equipment.
- 2) Run 5½" CIBP & Set @ ± 4100' : Dump bail 35' cmt on top.
- 3) Perf Penrose formation from 3940' - 3951'.
- 4) Acidize & frac Penrose.
- 5) Return to production.

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

SIGNATURE

*[Signature]*

DATE

*Acca Supervisor*

DATE

1/17/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

JAN 22 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: