State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103

Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088 STRICT II STRICT II Santa Fe, New Mexico 87504-2088			WELL API NO.	0 025 34936	
P.O. Drawer DD, Artesia, NM 88210	Salita Pe, New Mex	5. Indicate Type of	Lease STATE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil& Gas Lease No. BH 1535		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON VIPOSALS TO DRILL OR TO DEER INVOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Ur		ne
1. Type of Well: Oil Well Well OTHER Injection			State B 19		
2. Name of Operator Conoco Inc.			8. Well No.		
3. Address of Operator			9. Pool name or Wi	2 Ideat	
10 Desta Dr. Ste 100W, Midlan	Eumont Yates 7 Rvrs Queen				
4. Well Location Unit Letter H 2275	Feet From The Nort	h Line and 12		_	
Section 19	Township 18S	Range 37E	NMPM	Lea	County
///////////////////////////////////////		ther DF, RKB. RT, GR, etc.) 3742' GR	1		· · · · · · · · · · · · · · · · · · ·
NOTICE OF INT	r	SUB		Data	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A	LTERING CASIN	G _
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. P	LUG AND ABANI	DONMENT
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB		
OTHER:		OTHERPlug Back fro	m Bong Springs		X
12. Describe Proposed or Completed Openark) SEE RULE 1103. 7-27-00: RIH & set CIBP @ 5435'. If 7-28-00: Perforated 7 Rivers 2 SPF @ Acidized well w/2000 gals 15% NEFI 7-31-00: Ran GR/Temp log. Frac 7-8-1-00: Opened well to pit on 24/64" 8-2/3-00: Swabbed - water. 8-4-00: Swabbed. Unsuccessful record	Displaced hole & spotted acid. 3564-74, 3604-14, 3632-42'. E HCL & ball sealers. POOH Rivers w/36,000 gals & ll6,42 choke. Flowed back load war	. Tested casing & frac valv Dumped 25' cement on to . Prep to frac. SIOWE. 20# 12/20 sand. SION. ter. Set packer @ 3400', R	ve to 4700 psi. Prep op of CIBP. RIH w	p to perf. SION	•
I hereby certify that the information above is true	nd complete to the best of my knowledge	and halise			
A necessity that the information poole is the		Regulatory Agent		1(0-2-00
TYPE OR PRINT NAME ANN E. RITCHIE	ruhhu	TITLE REGULATORY FIGURE		DATE	
(this space for State Use)					
APPROVED BY		ORIGINAL SIGNED DV	CHRIS WILLIAMS	- DATE	200 5

CONITIONS OF APPROVAL, IF ANY: