

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

**COPY**

Form C 103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**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

WEJL API NO.	30 025 34936
5. Indicate Type of Lease.	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	BH 1535
7. Lease Name or Unit Agreement Name	State B - 19
8. Well No.	2
9. Pool name or Wildcat	Abo Wildcat

**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.)

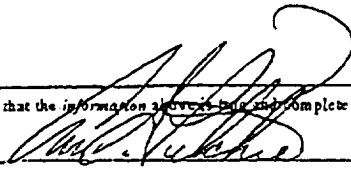
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER Injection	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx, 79705-4500	
4. Well Location Unit Letter H 2275 Feet From The North Line and 1215 Feet From The East Line Section 19 Township 18S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3742' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>
OTHER: _____	OTHER: Perforations <input checked="" type="checkbox"/>

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.

4-8-00: Rigged up, tested BOP to 1500 psi, RIH w/4 3/4" bit & workstring, prep to drill out. SION.  
4-9-00: Drilled out cement & DV tool, RIH & tagged up @ 7750', circulated. Spotted 240 gals 15% NEFE HCL, prep to run logs.  
4-10-00: Ran GR/CCL/CBL from 6700-surface. Perforated 2 SPF from 5506-26, 5527-47, 5552-72'. Prep to acidize. SION.  
4-11-00: Rigged up BJ, tested lines, treated with 2750 gals 15% HCL w/additives. Open well to frac tank. Well died. Start swab. SION.  
Evaluating completion.

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

SIGNATURE  TITLE Regulatory Agent DATE 6-9-00  
TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684-6381

(this space for State Use)

APPROVED BY \_\_\_\_\_ ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE JUN 14 2000

CONDITIONS OF APPROVAL, IF ANY

CC: SHEAR, POWEL, COST ASST, WTOR, FIELD, FILE ROOM