

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 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	Abc 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 <input type="checkbox"/> 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 <u>H</u> <u>2275</u> Feet From The <u>North</u> Line and <u>1215</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3742' GR</u>	

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER Perforations ☒

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 Ann E. Ritchie 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 _____ TITLE ORIGINAL SIGNED BY CHRIS WILLIAMS DATE _____
DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: