## Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	<b>WELL API NO.</b> 30025022130 <del>0</del>
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL GAS WELL X WELL OTHER	State H-35
2. Name of Operator	8. Well No.
Conoco Inc.	9. Pool name or Wildcat
3. Address of Operator  10 Desta Drive, Suite 100W, Midland, TX 79705	Vacuum Grayburg - SA
4. Well Location  Unit Letter : 1980 Feet From The north Line and 660 Feet From The east Line	
Section 35 Township 17S Range 34E NMPM Lea County	
Section 35 Township 1/S Range 34E  10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
GR 4019'	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:	
PENFORM REMIEDIAL WORK	
TENE OF WHILE I ADMINISTRATION OF THE PROPERTY	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: 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.	
It is proposed to squeeze off an annular water flow between the intermediate and the production casings as follows:	
<ol> <li>Run CBL to locate top of cement for the 5 1/2" casing.</li> <li>Perforate 5 1/2 casing (2' w/4 JSPF) at a depth to be identified from the CBL.</li> <li>Set retainer at a depth selected from the CBL and squeeze till surface returns are observed. 210 sxs cement is estimated.</li> <li>Drill out retainer and return well to production.</li> </ol>	
I hereby certify that the difformation above is true and complete to the best of my knowledge and belief.  SIGNATURE	DATE 4-18-91 TELEPHONE NO. 915-686-654
TYPE OR PRINT NAME	
(This space for State Use) Orig. Signed by Paul Kautz	
APPROVED BY TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVE

APR 2 3 1991

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