

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

DISTRICT II
P.O. Drawer DD, Aramis, 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.	30-025-02214
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	P-3196
7. Lease Name or Unit Agreement Name	STATE H-35
8. Well No.	2
9. Pool name or Wildcat	VACUUM GRAYBURG SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 CONOCO INC	
3. Address of Operator 10 Desta Drive W. Midland, TX 79705	
4. Well Location Unit Letter A Section 36 Township 17S Range 34E 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: SQUEEZE ANNULAR FLOW ☐

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.

5-29-91 MIRU, GIH W/RBP TO 5010 SET & TEST TO 1500#. TEST CSG TO 1000#. HELD.
PERFORATE 1410-1411 W/ 4 JSPF, SION. 5-31-91, GIH W/ PACKER SET AT 1225'. PUMP 210
SK CLASS C CEMENT W/ 2% CALC., GOOD RETURN AT SURFACE. PRESSURE TO 1000#.
6-3-91 GIH W/4 3/4" BLADE BIT, TAG CEMENT @ 1300'. DO TO 1445'. FELL THRU. TEST CSG
TO 1000#. HELD. PULL RBP & GIH W/ PRODUCTION EQUIP.
WELL RETURNED TO PRODUCTION.

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

SIGNATURE Bill R. Keathly TITLE SR STAFF ANALYST DATE 06-26-1991
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 9156865424

(This space for State Use)

APPROVED BY Paul Mautz TITLE Chief DATE 6/27/91
CONDITIONS OF APPROVAL, IF ANY: