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, 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. 30-025-02214

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-3196

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: State H-35

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Conoco Inc.

8. Well No. 2

3. Address of Operator: P. O. Box 460 - Hobbs, NM 88240

9. Pool name or Wildcat: Vacuum G-SA

4. Well Location
Unit Letter A : 660 Feet From The north Line and 660' Feet From The east Line

Section 35 Township 17S Range 34E NMPM 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	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Repair Waterflow	☒		

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.

Work started 11/22/88. MIRU. Set RBP at 4100'. Run CBL. Test production csg to 500 psi. Perf 1425'-1426' w/4 spf. Could not inject fluid. POOH w/ RBP. Run pump-in tracer survey on surface csg. Leak at 32'. Pmpd 125 sxs class "C" neat cement. Received returns at surface. Test surface casing to 300 psi. Run producing equipment & return to production. Work completed 12/6/88.

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

SIGNATURE D. F. Finley TITLE Administrative Supervisor DATE January 16, 1989

TYPE OR PRINT NAME D. F. Finley TELEPHONE NO. (505) 397-5800

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 19 1989

CONDITIONS OF APPROVAL, IF ANY:

NMOCD (4 cpys) (3) File