Submit 3 Copies to Appropriate

State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department

District Office	Energy, Whiterais and Ivalui at Ri	esources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-28046
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No.
OUND DV NOT	1050 4110 0500000		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		<i>\!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</i>	
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. 3. Address of Operator		.=	14
10 Desta Drive West,	Midland, TX 79705		9. Pool name or Wildcat Vacuum BB/SA
4. Well Location		· · · · · · · · · · · · · · · · · · ·	5 0 cause \$61.877
Unit Letter H: 13	Feet From The North	Line and121	O Feet From The Line
Section 35	Township 17S Ra	unge 34E	NMPM Lea County
	10. Elevation (Show whether 4023 GL		
11. Check		Natura of Notice D	amost on Other Date
11. Check Appropriate Box to Indicate Nature of No NOTICE OF INTENTION TO:			SEQUENT 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 CE	MENT JOB
OTHER:		OTHER:	
Describe Proposed or Completed Opera work) SEE RULE 1103.	iions (Clearly state all pertinent details, an	nd give pertinent dates, inclu	ding estimated date of starting any proposed
	ourg 6th zone and to st		ndres 7th and 9th zones lbore to maximize production
Proposed Proc	cedure:		
1 01	11		

- 1. Clean out well to 4750'.

 Perforate the intervals 4346'-56', 4364'-70', 4376'-78', 4389'-98'

	-12', 4660'-68', and 4674'-84' v	
J. Meldize with 120 bbis hon hi	TH deta.	
I hereby certify that the information above is true and complete to the best of my knowled	ige and belief.	
SKONATURE JOHN HOME	me Regulatory Coordinator	
TYPE OR PRINTINAME JETTY W. HOOVEY		TELEPHONE NO.
(This space for State Use)		
APPROVED BY	— TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		