Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28047

5. Indicate Type of Lease STATE [X] 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 INJECTION

8. Well No. 15

2. Name of Operator: CONOCO INC.

9. Pool name or Wildcat: VACUUM (G-SA)

3. Address of Operator: 10 Desta Drive STE 100W, Midland, TX 79705

4. Well Location
Unit Letter C : 1295 Feet From The NORTH Line and 2615 Feet From The WEST Line

Section 35 Township 17 S Range 34 E 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	[ ]	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: ACIDIZE	[X]		

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.

3-10-92 MIRU. RELEASE OTIS INTERLOCK PKR. POOH W/ TBG & PKR.
GIH W/ MODEL R PKR SET AT 4852. ACID W/ 68 BBLS ACID W 750# BLOCK (ROCK SALT) IN 20 BBLS 9# GEL, W/ 36 BBL FLUSH. POOH W/ PKR. SET RBP @ 4550 & PKR @ 4244. ACID W/ 25 BBL W/1000# BLOCK IN 9.5 GEL. POOH W/ RBP. POOH W/ PKRS.
GIH W/ OTIS INTERLOCK PACKER & 2 7/8 TBG SET PACKER AT 4225. TEST CSG TO 500# FOR 30 MIN. - HELD.
RDMO
RETURN WELL TO INJECTION

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

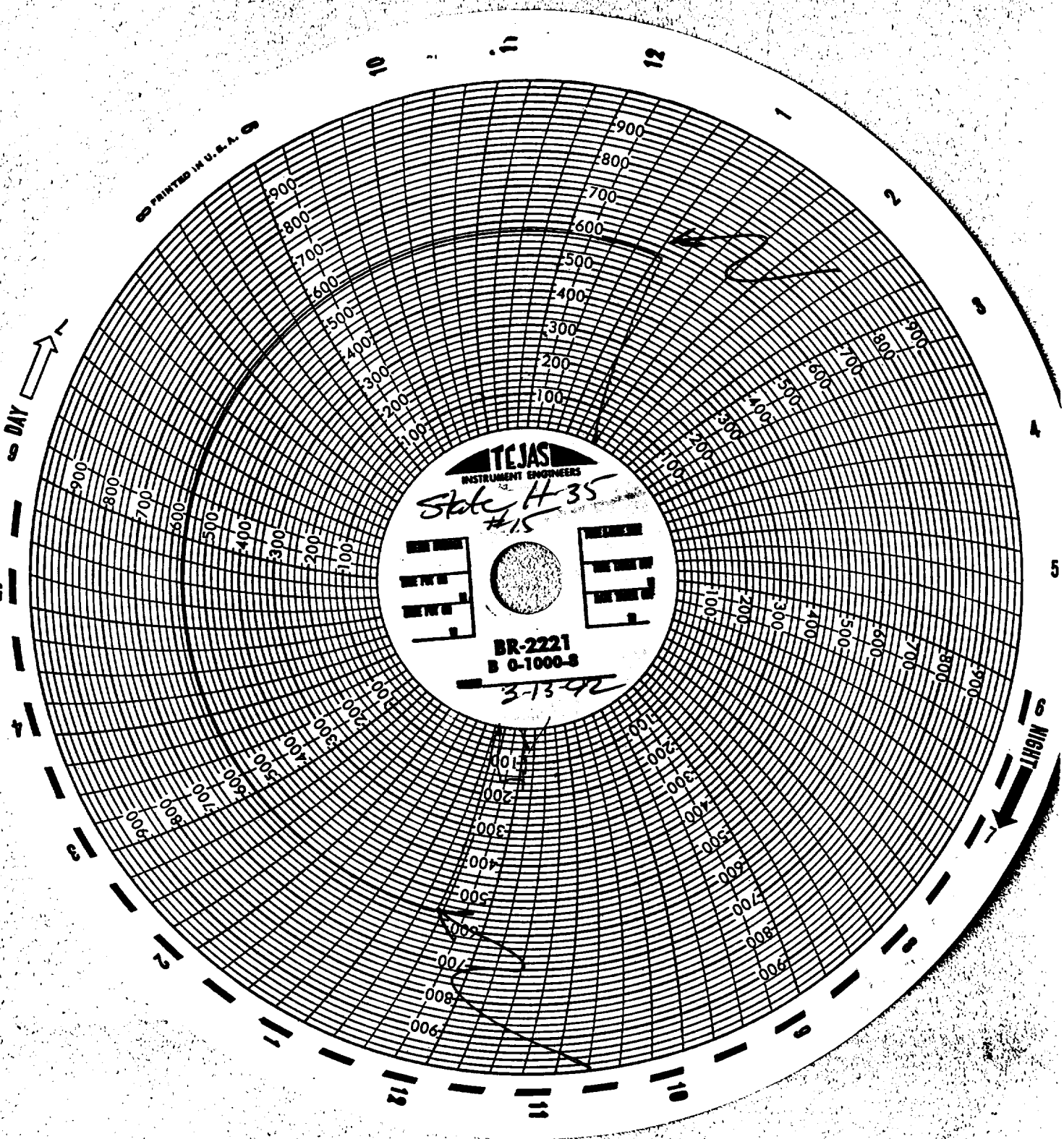
SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 5-22-92

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE MAY 29 '92

CONDITIONS OF APPROVAL, IF ANY: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