

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.	30-025-28047
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-3196
7. Lease Name or Unit Agreement Name	State H-35
8. Well No.	15
9. Pool name or Wildcat	Vacuum G-SA

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 <u>Injection</u>	
2. Name of Operator Conoco Inc.	
3. Address of Operator P. O. Box 460 - Hobbs, NM 88240	
4. Well Location Unit Letter <u>C</u> : <u>1295</u> Feet From The <u>north</u> Line and <u>2615</u> Feet From The <u>west</u> Line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>Lea</u> 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: <u>Convert to Injection</u> ☒

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 11/30/88. MIRR. Pull rods & pump & Abg. C 1 H at Sit, scrape & Abg. Clean out to TD. POOH. 6 1/4" w/ 3R-CCR & 4" perf gun. Perf at 4460'-4771' w/ 2 3/4" PF & POOH. C 1 H at Abg & pkr. Set pkr at 4242'. Treat pkr 4460'-4771' w/ 150 bbls acid 15% HCL-NE-FE and 10 bbls 10 ppg brine w/ 350# rock salt. Flush w/ 75 BTFW. Swab well. Run press bomb to 4600'. Run step rate test. POOH at Abg & pkr. Rig down. Work completed on 12/6/88.

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

SIGNATURE [Signature] TITLE Administrative Supervisor DATE January 16, 1989

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

mmccs Hobbs (3) File

B N

E

JAN 19 1989

8-10-1980

RECEIVED
JAN 11 1981

JAN 11 1981

OCD
HOBS OFFICE