

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 Branson Rd., Aztec, NM 87410

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

WELL API NO. 30-025-28605
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG-6730
7. Lease Name or Unit Agreement Name STATE 30
8. Well No. 1
9. Pool name or Wildcat DOUBLE A ABO, SO. <19050>

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. <005073>	
3. Address of Operator 10 Desta Drive Ste 100 W, Midland, TX 79705	
4. Well Location Unit Letter K : 660 Feet From The NORTH Line and 840 Feet From The EAST Line Section 30 Township 17 S Range 36 E NE/4 LEA	
10. Elevation (Show whether DF, RCB, 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: ACIDIZE ☒

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.

1-25-94 MIRU. POOH W/ RODS, PUMP & TBG. GIH W/ 5 1/2" BIT & SCRAPER TO 8600', POOH. GIH W/ PACKER SET @ 8485'. ACID W/ 40 bbl 15% HCL ACID, 500# ROCK SALT, 40 bbl ACID. FLUSH W/ 70 bbl 9# BRINE. RELEASE PACKER. POOH. GIH W/ TBG, PUMP AND RODS.
1-28-94 RDMO. RETURN WELL TO PRODUCTION.

TEST ON 2-9-94; 33 BOPD, 64 BWPD, 52 MCF.

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 2-24-94
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 02 1994