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DISTRIBUTION	Form C-103 Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	
U.S.G.S.	5a. Indicate Type of Lease
LAND OFFICE	State Fee
OPERATOR	5. State Oil & Gas Lease No.
	B-2656
SUNDRY NOTICES AND REPORTS ON WELLS	
1.	
OIL WELL DTHER.	7. Unit Agreement Name
2. Name of Operator	8. Form or Lease Name
Conoco Inc.	STATE AC
3, Address of Operator	9. Well No.
P. O. Box 460, Hobbs, New Mexico. 88240	
	10. Field and Pool, or Wildeat
UNIT LETTER L 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM	EUNICE MONUMENT
THE WEST LINE, SECTION 19 TOWNSHIP 195 MANGE 37E NMPM.	
THE LINE, SECTION TOWNSHIP RANGE NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	LEA AMMINI
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	as Data
NOTICE OF INTENTION TO: SUBSEQUENT	
PERFORM REMEDIAL WORK PLUE AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUS AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOS	
OTHER SHUT OFF WATER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1705.	stimated date of starting any proposed
MIRU. DRILL OUT FROM PBTD (3906') TO	10 (3967').
SET OH CEMENT RETAINER @ 3910' Spot 10 BBLS	
of center kermines & stro. Spot To BBLS	
15% HCL ACID. PUMP 50 SXE CLASS "C" CEMENT.	
- CEMENT.	
FLUSH W/21 BBLS TFW. REVERSE OUT REP	TAINING CEMENT
1-0	
$\mathbf{W} \setminus \mathbf{b}()$ are it $\mathbf{W} \setminus \mathbf{b}(\mathbf{w})$ production fair	
TON PRODUCTION EGOT	PMENT. TEST.
w/50 BBLS TFW. RUN PRODUCTION EQUIP	PMENT. TEST.
TON PROBLET OF	PMENT. TEST.
TON PROBLET OF	PMENT. TEST.
A TON PROBLEM	PMENT. TEST.
TON PROBLEM	PMENT. TEST.
A TON PROBLEM EDITOR	PMENT. TEST.
TON PROBLEM	PMENT. TEST.
TON PROBLEM	PMENT. TEST.
	PMENT. TEST.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	PMENT. TEST.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Supervisor	DATE 6/28/83
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	

CONDITIONS OF APPROVAL, IF ANY: