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 Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 300250574500 **DISTRICT II** Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1533 1/3 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Weil: State A C Com WELL X OTHER Name of Operator 8. Well No. Conoco, Inc. Address of Operator 9. Pool name or Wildcat 10 Desta Dr., Suite 100W Midland, TX 79705-4500 Eunice Monument Grayburg 4. Well Location 560 Unit Letter North ... Feet From The 660 West Line and Feet From The Line 30 T-195 Section R-39E Township Range NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: X 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:_ 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. It is proposed to squeeze off high water production in the lower Grayburg intervals in this well as follows: 1. Tag fill and drill out cement and sand to 3970'. 2. Set a retainer at 3888' and squeeze the open hole section with 150 sxs of cement. 3. Perforate upper Grayburg intervals behind casing from 3814' - 3878'. 4. Acidize with 3000 gals 15% HCL. 5. Return to production. Verbal approval was given by OCD 2/27/91 to proceed with this work. I hereby certify that the information above 15 June and complete to the best of my knowledge and belief. SKINATURE -Regulatory Coordinator TYPE OR PRINTINAME Jerry Hoover TELEPHONE NO. 686-6548

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY-