

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. 20-005-20888
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 1588
7. Lease Name or Unit Agreement Name HEATH AC
8. Well No. 7
9. Pool name or Wildcat EUMONT YATES 7 EVRS QUEEN GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3670'

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.
3. Address of Operator 10 Beata Drive Ste 100 W. Midland, TX 79705	4. Well Location Unit Letter <u>B</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>880</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>19 N</u> Range <u>37 E</u> NMPM <u>DEA</u> County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER: <u>SPUD & SURFACE CASING</u> ☒
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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.

12-30-94. SPUD 12 1/4 HOLE. DRILLED TO 433'. RIH W/11 JTS OF 8 5/8. 24# K-55. STC. CSG SET @ 433'. SHOE SET @ 433'. COLLAR SET @ 396'. LEAD SLURRY 250SX OF CLASS C + 4% GEL + 2% CACL2. TAIL SLURRY 100SX OF CLASS C + 2% CACL2. DISPLACED 25 BBLs OF FRESH WATER. CEMENT RETURNS OF 121 SX. PLUMPED PLUG @ 9:30 AM ON 12-31-94 W/962 PSI. NOTIFIED NMOCDD @ 10:00PM ON 12-30-94. CONTINUE DRILLING 7 7/8 HOLE.

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

SIGNATURE Patrick D. Johnston TITLE STAFF REGULATORY ASSIS DATE 1-5-94
TYPE OR PRINT NAME PATRICK D. JOHNSTON TELEPHONE NO. 915-686-6551

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 10 1995

RECEIVED

APR 10 1995

JOE HOBBS
OFFICE

4000 10 10 10