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 Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025--06121

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
B-1533 1/2

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.)

7. Lease Name or Unit Agreement Name
STATE C-16

1. Type of Well:
OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator
CONOCO INC.

8. Well No.
1

3. Address of Operator
10 Desta Drive STE 100W, Midland, TX 79705

9. Pool name or Wildcat
EUMONT QUEEN GAS

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 16 Township 20 S Range 37 E NMPM LEA 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	[ ]	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: FRAC	[XX]		

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.

11-8-93 MIRU. KILL WELL. GOH W/ BIT & SCRAPER TAG @ 3408', POOH. RU FRAC EQUIP. SPEARHEAD W/ 4000g 7.5% HCL-FOAMED 50 QUALITY, FOLLOWED BY 15,000g 70 QUALITY CO2 FOAM PAD FOLLOWED W/ 22,000g 60-50 QUALITY CO2 FOAM FRAC, PUMPING 124,000# 16/30 BRADY SAND. FLUSH W/ 1162g FOAM. GIH W/ PRODUCTION EQUIP, SET PKR # 3149'.
11-17-93 RDMO. RETURN WELL TO PRODUCTION.

11-22-93 TEST 0 BOPD, 3 BWPD, 331 MCF ON OPEN CHOKE, TP 35#.

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 11-24-93

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

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE DEC 22 1993

CONDITIONS OF APPROVAL, IF ANY: