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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State ☒ Fee ☐

5. State Oil & Gas Lease No.: B-2656

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. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well

7. Unit Agreement Name: Eumont Hardy Unit

2. Name of Operator: CONOCO INC.

8. Farm or Lease Name: Eumont Hardy Unit

3. Address of Operator: P. O. Box 460, Hobbs, N.M. 88240

9. Well No.: 23

4. Location of Well: UNIT LETTER P, 660' FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 20S RANGE 37E NMPM.

10. Field and Pool, or Wildcat: Eumont Yates 7 Rvrs Queen

15. Elevation (Show whether DF, RT, GR, etc.)

12. County: Lea

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER repair surf. waterflow ☑	

17. 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) MIRU on 1/8/86, set RBP @ 3452' & pkr @ 3392'. Tested RBP to 1000 psi
(2) Tested backside to 500 psi
(3) Ran tracer survey and indicated fluid leaving below int. csg shoe (shoe @ 137
(4) Pumped 150 sxs class "C" w/ 2% $CaCl_2$ thru int. csg valve. Displaced cmt w/ 15 bbls FW. Closed int. csg valve & WOC
(5) Tested sqz to 310 psi for 30 min. w/ no leak off
(6) Tested backside to 500 psi for 30 min. w/ no leak off
(7) Rigged down on 1/14/85 and place well back on injection.
(8) Attached are int. csg pressure test chart and production csg pressure test charts.

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

SIGNED [signature] TITLE Administrative Supervisor DATE 1-15-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 20 1986