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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2656
7. Unit Agreement Name
8. Farm or Lease Name Eumont Hardy Unit
9. Well No. 19
10. Field and Pool, or Wildcat Eumont Yates 7 Rurs On
12. County Lea

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well
2. Name of Operator CONOCO INC.
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240
4. Location of Well UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 20S RANGE 37E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

- ① MIRU
- ② POOH w/ plastic lined tbg
- ③ Set mechanical retainer w/ flapper valve @ 3300'
- ④ Press. test csg to 800 psi to test mechanical integrity of recent repairs
- ⑤ Circulate Conoco pkr fluid to surface and top off hole w/ pkr fluid
- ⑥ Rig down
- ⑦ Also, attached is a pressure test chart cut 12/18/85 after the recent csg repair requested by the NMOC. Pressured up to 520 psi for 30 min., bled down to 505 psi.
- ⑧ A subsequent notice detailing the casing repairs will follow

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

SIGNED <u>Kevin L. Vogel</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>12-30-85</u>
ORIGINAL SENT TO MARY DEXTON DISTRICT SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL _____		

JAN 2 - 1986