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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"/> Federal <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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- <u>Injection Well</u>	7. Unit Agreement Name
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>SOMU Permian</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>18</u>
4. Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>west</u> LINE, SECTION <u>19</u> TOWNSHIP <u>20S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat <u>Skaggs Grauberg</u>
15. Elevation (Show whether DF, RT, GR. etc.)	12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 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 <u>CO, Acidize & Run log Profile</u> <input checked="" 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 1103.

MIRU. POOH w/injection equipment. Clean out to 3915'. Acidize w/2400 gals 15% HCL & 120 gals Unichem 425. Place on injection & stabilize rate. Run injection log

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

SIGNED DF FINNEY TITLE Administrative Supervisor DATE 9/13/88
APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

SEP 20 1988