

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. 30-025-07835
5. Indicate Type of Lease <u>Federal</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-031670B

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	7. Lease Name or Unit Agreement Name <u>SEMU McKee</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Well No. <u>#62</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. Pool name or Wildcat <u>Warren McKee</u>
4. Well Location 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>20</u> Township <u>20S</u> Range <u>38E</u> NMPM <u>Lea</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3551' GL</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

1. MIRU. NU BOP. CO to 9186'. Pickle workstring and spot 750 gals of 15% HCl-NE-FE acid followed by completion fluid. Drop to 9178' and spot 5 bbls of 15% HCl-NE-FE acid, displaced w/completion fluid.
2. Perf. 2 jsnf at 9070-9090, 9110-9130, 9142-9146, 9158-9178 (total holes 128)
3. Acidize/CLO₂ treat in 4 stages: 25 bbls 15% HCl-Ne-Fe acid, 3 bbls 10 ppg brine 50 bbls of .3% Dichlor-S mixed w/ completion fluid, 25 bbls of 15% HCl-Ne-Fe acid, 3 bbls 10 ppg brine, 5 bbls of 10 ppg w/2 lb/gal 100 mesh salt. SI for 1 hour.
4. Set injection packer @ 8888' & circ. packer fluid. Approx. 2 weeks after stim., run injection profile log & step rate test.

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

SIGNATURE W.W. Baker TITLE Administrative Supervisor DATE Sept. 6, 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

SEP 12 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: