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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.
<u>B-1534</u>

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>State 5-2</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>5</u>
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Arrowhead Crude</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County <u>Dea</u>

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 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>Open Add'l Pay & Stimulate</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.

Work started on 9/9/88. MURU. Tag for fill, 6' fill. Did not clean out. Ran G-R-CCL Log from 3400'-3815'. Perf 3744'-3808' w/4 js pF. Acidize 3744'-3808' w/75 bbls 15% HCL. Swab 55 B/W. Return well to production. Work completed on 9/26/88.

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

SIGNED <u>Eddie W. Seay</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>October 17, 1988</u>
APPROVED BY <u>Eddie W. Seay</u>	TITLE <u>Oil & Gas Inspector</u>	DATE <u>OCT 20 1988</u>

CONDITIONS OF APPROVAL, IF ANY: