	- 7		Form C-103	
NO. OF COPIES RECEIVED	→	Supersedes Old		
DISTRIBUTION	NEW MEXICO OIL CONSE	C-102 and C-103 Effective 1-1-65		
SANTAFE	MEM WEXICO OIL CONSE	RVATION COMMISSION		
FILE	_		5a. Indicate Type of Lease	
U.S.G.S.	_		State X Fee	
LAND OFFICE			5. State Cil & Gas Lease No.	
OPERATOR			B-1536	
			unninninnin in the second	
SUNE				
1.			7. Unit Agreement Name	
WELL WELL	8. Form or Lease Name			
2. Name of Operator CONOCO	State E			
	g. Well No.			
3. Address of Operator P. O. Box				
4. Location of Well	10. Field and Pool, or Wildcat			
UNIT LETTER P	Eunice 7 Rurs Queen Sa			
UNIT CETTER				
THE EAST LINE, SECTION 7 TOWNSHIP 225 RANGE 362 NMPM.				
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	
	Lea IIIIIII			
16. Chea	k Appropriate Box To Indicate N	ature of Notice, Report or O	ther Data	
	FINTENTION TO:	SUBSEQUEN	IT REPORT OF:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PERFORM REMEDIAL WORK	PLUG AND ASANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING SPNS.	PLUG AND ABANDONMENT	
BULL OR ALTER CASING	CHANZE PLANS	CASING TEST AND CENENT JOB		
		OTHER	aciale	
OTHER			estimated date of starting any proposed	
17. Describe Proposed or Completed work; SEE RULE 1703.	d Operations (Clearly state all pertinent det	ails, and give pertine " lates, including	ig estimates date of ormitting and p	
•				
1) MIRU on 11/1. 2) set pkr@35	/			
Set per 6	599. 60 bbls 15% HCL, flust d 61H w/production 11/15/15, test pump	1. 1 1. 1/401/de 22	VOI TELL	
3) Acidized W/	.O bbls 1310, HCL, +1US	nea w/100013 220	RCL 1100	
4) Del okr and	d GIH w/ production	equipment		
	11/1-18- 1-2-1	al 27 Ra 227 RILL AV	N 68 MCF	
(5) Kig down on	11/15/15, TEST DOMP	ea 2100, 45/1500, an		
J	•			

18. I hereby certify that the information above is true a	nd complete to the be	st or my knowledge and belief,			
SIGNED TELEST PERSONNELLE	TITLE	Administrative @upervisor	DATE_	1-10-	-86
STREET STREET OF THE STREET	- - 5 55.1.1	Oh, a ciem deletalista	DATE	JAN1	4 1986
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C.C.D. HQBBS OFFICE

JAN 1 3 1986

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