

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. Denver DD, Artesia, NM 88210

DISTRICT III
1000 Rio Arriba Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-08936

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-1536

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Conoco Inc.

3. Address of Operator
10 Delta Drive, Ste 100W, Midland, TX 79705

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 17 Township 22S Range 36E NMPM Sea County

10. Elevation (Show whether LF, RKB, RT, GR, etc.)

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CO & Perf stimulate ☒

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.

Tag acid w/KA. Iodine 131. Ran GR-CCL Jemp. (Log shows treatment in zone 3584-3656 w/minor channel up to 3574 Down to 3665. FFL at pkr at 3485. Unset pkr at 3485. Retrieve IRBP at 3665. DIH w/120 gts 2 3/8" tbg SN at 3767, OPSMA at 3798 ND. DIH w/1" x 8" dip tube, 2x 1 1/4 x 16 RHTC pmp. 2-K Bars PU 149-3/4" rods 3/4 x 4 v 2 subs 1 1/4 x 22 polish real hung on load + ts + Tbg to 500# -HELD.

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

SIGNATURE

Christine L. Neff

TITLE

Admin. Assistant

DATE

6-28-91

TYPE OR PRINT NAME

Christine L. Neff

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: