

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# 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 type="checkbox"/> Fee <input checked="" 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 - I" (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 <u>South Eunice Unit</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Farm or Lease Name <u>South Eunice Unit</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Well No. <u>17</u>
4. Location of Well UNIT LETTER <u>X</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eunice 7 RVS Queen S</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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Clean Out &amp; Acidize</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 5/8/88. Tag fill at 3656'. Attempt to clean out. Returns new metal shavings. Impression block shows setting on Hg. G/H w/ milling equipment. Mill junk to TD. Acidize float zone w/ 120 bbls of 15% HCL-Fe acid w/ 110 gals of Acid-mate 3452 dispersant. Sewal well. Run producing equipment & place on production.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE July 14, 1988

APPROVED BY [Signature]

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

RECEIVED

JUL 21 1988

OCD  
HOBBES OFFICE