

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. 300250898100
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Eunice Unit
8. Well No. 14
9. Pool name or Wildcat Eunice 7-Rvrs. Queen, South

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 Water Injection	
2. Name of Operator Conoco, Inc.	
3. Address of Operator Indiana, Oklahoma, Texas, etc.	
4. Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 21 Township 22S Range 36E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3807'	

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: ☐

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.

It is proposed to plug back this well from the lower injection interval by the following procedure:

1. Tag for fill and clean out if necessary to 3830'.
2. Plug back from 3830' - 3807' w/4 sxs (1 bbl) of Cal-Seal.
3. Acidize open hole interval from 3689' - 3807' with 60 bbls. of HCL-NE-FE.
4. Return to injection.

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

SIGNATURE Gerry W. Hoover TITLE Regulatory Coordinator DATE 1/14/91
TYPE OR PRINT NAME Gerry W. Hoover TELEPHONE NO. 686-6548 (915)

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: