

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.  
30-025-08935

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
891011586

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  
P.O. Box 460 - Hobbs, NM 88240

7. Lease Name or Unit Agreement Name  
South Eunice Unit

8. Well No.

9. Pool name or Wildcat  
Eunice 7 Rivers Queen So.

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 330 Feet From The East Line  
Section 21 Towns 22S Range 36E NMPM Lea County  
Location (Show whether DF, 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: Shooting and Stimulating ☒

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.

8-16-89 MIRU. Perf 4 jspf 3683-85, 3692-3700, 3707-12, 3716-18, (68 shots).  
Set packer @ 3593'. Stimulate as follows: 40 bbls 15% HCL-FE. Block w/300#  
graded rock salt in 5 bbls gelled 9# brine @ 4 bpm. 0 psi. Pumped 40 bbls  
15% HCL @ 5 bpm 0 psi. Block w/300# salt mixed in 5 bbls gelled 5# brine,  
pumped 40 bbls 15 % HCL @ 5 bpm 500# flush w/8 bbls 9# brine. Swab back.  
Hydrotest tbg 5000# above slips. Load and test to 500#, held.

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

SIGNATURE W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE Sept. 6, 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

SEP 12 1989

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

CONDITIONS OF APPROVAL, IF ANY: