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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 checked="" type="checkbox"/> Federal <input 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>	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>26</u>
4. Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>east</u> LINE, SECTION <u>22</u> TOWNSHIP <u>22 S</u> RANGE <u>36 E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Eunice 7 Rps Quin, S</u>
15. Elevation (Show whether DF, RT, GR. etc.)	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>CO, Repair & 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.

MIRU. Tag 32' of fill. CO tight spot & csq to 3766'. Repair 3656'-3758' w/2 jsprf, CO bridge at 3765'-3771'. Acidize 3648'-3771' w/90 bbls 15% HCL-NE-FE acid w/110 gals Nalco Acid mate 3452. Swab well. Run injection equipment & place on injection.

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

SIGNED <u>Jerry Sexton</u> JF FINNEY	TITLE <u>Administrative Supervisor</u>	DATE <u>9/13/88</u>
APPROVED BY <u>Jerry Sexton</u> DISTRICT I SUPERVISOR	TITLE	DATE <u>SEP 20 1988</u>

CONDITIONS OF APPROVAL, IF ANY: