

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 -" (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>NMFL</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>8</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>22S</u> RANGE <u>36 E</u> NMPM.		10. Field and Pool, or Wildcat <u>S. Eunice 7 Rvrs. Queen</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 OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>test for csg. leak; squeeze</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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 1703.

CO to 3836'. Set RBP at 3600'. Test csg to 1000psi. Locate leak, if any.
Set pkr 90' above leak. Squeeze w/ 17 lb/gal Class H cmt. Volumes will
be calculated on location. SI for 24 hrs. Drill out cmt. Pressure test csg.
Resqueeze if necessary. Run production equipment. Test.

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

SIGNED David J. Smylie TITLE Administrative Supervisor DATE Sept. 23, 1983

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

SEP 26 1983