Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-09005

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. E9011526

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.)

7. Lease Name or Unit Agreement Name: South Eunice Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Conoco Inc.

8. Well No. #10

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88241

9. Pool name or Wildcat: Eunice 7 Rivers Queen South

4. Well Location
Unit Letter E : 1650 Feet From The North Line and 380 Feet From The West Line

Section 22 Township 22S Range 36E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Clean Out, Open Addl Perf & Acidize	☒		

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.

2-17-89 Clean out to 3835'. Perf from 3660'-78' and 3688'-94' w/4 JSPF (Total 96 shots). Acidize 7 Rivers Queen appen perfs w/25 Bbls 15% FE-HCL acid w/50 gals MAS. Shut-in over weekend. Acidize 7 Rivers Queen perfs 3716'-3808 w/40 Bbls FE-HCL acid w/84 gals MAS, pump rock salt then 40 more Bbls 15% FE-HCL acid w/84 gals MAS. Swab. Run production equip. RDMO. Work completed 2-25-89.

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

SIGNATURE W. W. Baker TITLE Administrative Supv. DATE Aug-25, 1989

TYPE OR PRINT NAME W. W. BAKER TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

AUG 31 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: