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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"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1536

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER:	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name STATE E
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 12
4. Location of Well UNIT LETTER K 2260 FEET FROM THE SOUTH LINE AND 2310 FEET FROM THE WEST LINE, SECTION 17 TOWNSHIP 22-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat S. EUNICE 7 RVRS. QN.
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

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 SET PRODUCTION CASING <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 1703.

DRILLED TO 4000'. RAN 97 JTS 5 1/2" 15.5 #
CASING SET @ 4000' w/ DV @ 3312'. CMT 1 ST
STAGE w/ 250 SXS CLASS "C" w/ 1% CaCl₂. CMT
2ND STAGE w/ 1100 SXS CLASS "C" LITE w/ 18%
SALT. TAILED w/ 25 SXS CLASS "C". REL RIG @
11:00 PM ON 11/8/83. CMT CIRC TO SURFACE. WOC.

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

SIGNED David L. Luger TITLE Administrative Supervisor DATE 11/10/83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 15 1983