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. 30-025-30516

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. 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.)

7. Lease Name or Unit Agreement Name: STATE 'E'

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: CONOCO INC

8. Well No. 14

3. Address of Operator: 10 Desta Drive STE 100W, Midland, TX 79705

9. Pool name or Wildcat: LANGLEY STRAWN

4. Well Location
Unit Letter P : 330 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 17 Township 22 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3536

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: ADD PERFS & STIMULATE			[X]

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.

6-24-91 MIRU. POOH W/ TBG. PUMP 75 BBLS 9#/GAL TO KILL WELL. GIH W/ BIT & SCRAPER TAG @ 9625'- POOH. NEW PERFS AT 8960'-9423'. RIH W/ BJ PRESSURE FLUCTUATION TOOL, WORK TOOL OVER PERFS FROM 9530'-8960' USING 3600 GAL 15% HCL, POOH.
GIH W/ 2 3/8" TUBING SET AT 9558'. GIH W/ PUMP & RODS.
RDMO
RETURN WELL TO PRODUCTION 7-8-91

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

SIGNATURE Bill R Keathly TITLE SR REGULATORY SPEC. DATE 6-17-92

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: