

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.	30-025-32128
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B 2656

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

2. Name of Operator  
Conoco, Inc.

3. Address of Operator  
10 Desta Drive, Suite 100W, Midland, Texas 79705

4. Well Location  
Unit Letter K : 1980 Feet From The South Line and 2230 Feet From The West Line

Section 36 Township 20-S Range 37-E 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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Add Perfs</u> <input checked="" type="checkbox"/>

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.

3-18-96: Clean out hole.  
& 3-20-96:  
3-20-96: Set CIBP @ 10,130'.  
3-21-96: Spot 64 gals 7-1/2% HCL, NEFE from 10,070 - 10,030'.  
Perforate lower McKee w/2 JSPF 10,030 - 10,070', 81 holes.  
Frac w/36 bbbs 7-1/2% HCL, 15,000 gals fluid, 50,000# 16/30 sand.  
4-01-96: Ran 2-3/8" prod. tubing to 9991' after clean out.  
4-09-96: Turned to flowline.

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

SIGNATURE Ann E. Ritchie TITLE Regulatory Agent DATE 5-10-96

TYPE OR PRINT NAME Ann E. Ritchie (915) 684-6381 / TELEPHONE NO. 686-5424

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY FILED REPLY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY

MAY 14 1996