+Submit 3 Copies to Appropriate

CONITIONS OF APPROVAL, IF ANY

State of New Mexico E. y, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

District Office	25 35, remierals and reading	a resources Bopa anom	Revised 1-1-89
OIL CONSERVATION DIVISION			WELL API NO.
P.O. Box 1980, Hobbs, NM S8240 DISTRICT II	P.O. Box 2088		30 025 33028
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil& Gas Lease No.
1000 KIO DIAZOS KU., AZIEC, NM 8/410			B 2656
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESEI (FORM C	ICES AND REPORTS ON VOPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Gas			
Well Gas Well OTHER Name of Operator		Hardy 36 State	
Conoco Inc.		8. Well No.	
3. Address of Operator	I T 70705 4506		9. Pool name or Wildcat
10 Desta Dr. Ste 100W, Midlar 4. Well Location	1d, 1x., /9/05-4500		Strawn
Unit Letter L 1980	South	thLine and	330 Feet From The West Line
			Pac From the Bill
Section 36	Township 20S	Range 37E	NMPM Lea County
<i> </i>	10. Elevation (Show whe	other DF, RKB. RT, GR, etc.) 3491'	///////////////////////////////////////
11. Check A	Appropriate Box to Indica	te Nature of Notice.	
NOTICE OF INT			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	; REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		
	_	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT _
PULL OR ALTER CASING	Oxone red And Cement Cop		
OTHER:		OTHER Recomplete	to Strawn
work/SEE RULE 1103. 0-1-97 : Move in reverse unit, pull of 0-2-97: Set RBP @ 7880', perforate 0-6-97: Frac w/2000 gals 20%HCL 0-8-97: Total fluid recovered in 43 0-9-97: Circulate wellbore.	ut of hole w/rods & pump. pul Strawn 7708-7734' w/4 SPF, 510 bbls 30 quality HCL and hours - 714 bbls oil. 221 bbls	l out of hole w/2 7/8" tub rig down wireline. 170 bbls 30 quazlity gell water, SION.	ping. led HCL, flush w/slick water. Flow-back. hoke on 30/64", tubing pressure 400#.
I hereby certify that the information above true SIGNATURE TYPE OR PRINT NAME ANN E. Ritchic	hi	Regulatory Agent	DATE 10-21-97 TELEPHONE NO 915 684-6381
(this space for State Use)	AL SIGNED BY CHITIS WILLI DISTRICT I SUPLICATEOR	AMO	nfc 05 1997
APPROVED BY	- COPES VISOR		DATE