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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1537

7. Unit Agreement Name

8. Farm or Lease Name
State D

9. Well No.
8

10. Field and Pool, or Wildcat
Eunice Monument (G/SA)

12. County
Lea

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. OIL WELL GAS WELL OTHER

2. Name of Operator
CONOCO INC.

3. Address of Operator
P. O. Box 460, Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER **0**, **660** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **15** TOWNSHIP **21 S** RANGE **36 E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

16. 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 checked="" 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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____ <input 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 1103.

MIRU 9/10/81. CO to 3889. Acidize OH 3741'-3889' w/ total of 120 bbls. 15% HCL-NE-FE in 3 stages. Divert between stages 1 & 2 w/ rock salt, benzoic acid and gelled brine water. Flush w/ 26 bbls. TFW. Ran production equipment. Tested 9/22/81: 30 BO, 41 BW, 27 MCF.

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

SIGNED *Wm. G. Butlerfield* TITLE Administrative Supervisor DATE December 4, 1981

APPROVED BY _____ TITLE _____ DATE DEC 7 1981

CONDITIONS OF APPROVAL, IF ANY: