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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	<i>C-102 and C-103</i> Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
			State Fee
LAND OFFICE	<u>-</u>		5, State Oil & Gas Lease No.
OPERATOR			
	<u> </u>	·	1533
SUN (DO NOT USE THIS FORM FOR USE "APPLI	DRY NOTICES AND REPORTS ON PROPOSALS TO BRILL OF TO DEEPEN OF PLUG CATION FOR PERMIT -" (FORM C-101) FOR SU	WELLS BACK TO A DIFFERENT RESERVOIR. CH PROPOSALS.)	
I. OIL GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Form or Lease Name
CONOCO INC. 3, Address of Operator			State C-20
P. O. Box 460, Hobbs, N.M	1. 88240		8
4. Location of Well		/	10. Field and Pool, or Wildcat
UNIT LETTER	1980 PEET FROM THE South	LINE AND 660 PEET FR	Eunice Monument (G-SA
THE West LINE, SE	ction 20 township 21	S RANGE 36E NMI	PM. (())
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	1111111	51, 11, 511, 6101,	Lea
	ck Appropriate Box To Indicate 1 FINTENTION TO:		Other Data INT REPORT OF:
			-
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
TOTAL ON ALTER CASING	Change Fears		<u></u>
		OTHER	
OTHER			
17 Describe Proposed or Completes	d Operations (Clearly state all pertinent det	tails, and sive partinent dates, includ	ing antimated data of starting any proper
work) SEE RULE 1103.			
MIRIL Abalas AD 1	63957! Perf w/ 2JSPF	= 3983-3950' Acidi	2e w/ 9066 15% acid
MIKU 7124/81, CUT	05101. Ferf w/ 20011	7000 2700 77 141	
1 2 1 - 7 1	11 -1 /200	# 50/50 mock salt and	d benzoic acidin 10pp
in 5 stages Divert	between stages w/ 200	3430 rock sail and	a voltage said in 1979
1 1 1 1 1 1 1	it w/ 2 drums chemi	1: 20bbs TEW	Flushed and 100 bbls
brine. Scale intil	it wy 2 drums chemi	cal in 2000s, it was	i ricorred wy
	production equipment	1-111-111	- 20 (22 DI / IMAE
9 pag brine. Kan	production equipment	: lested 10/14/81	: 1080,1338W, 1MCF
7779 31 11121	ν ,	•	
	•		
18. I hereby certify that the informet	tion above is true and complete to the best	of my knowledge and belief.	
	1 -0	,	
7/ /			1 - 1001
SIGNED KM T	TITLE Admi	nistrative Supervisor	DATE <u>VOC. 3,1981</u>
			-/.,
Cag. has I m	: /		DEC 7 1001
Appenden av Les Clomeses	·		DEC 7 1981.
APPROVED BY	TITLE		DATE