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| LAND OFFICE            |  |
| OPERATOR               |  |

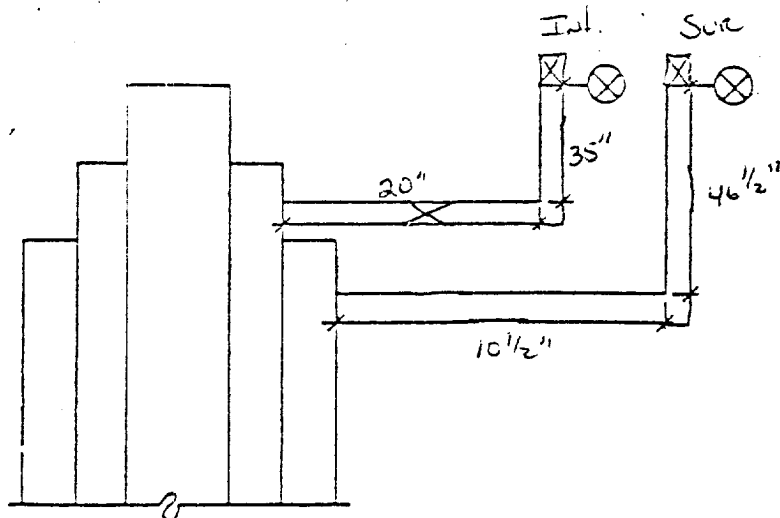
# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

|                                                                                                                                                                                                                                |  |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><small>(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.)</small> |  | 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Fee <input type="checkbox"/> |
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>INS.</u>                                                                                                   |  | 5. State Oil & Gas Lease No.<br><u>Federal</u>                                            |
| 2. Name of Operator:<br><u>CONOCO INC.</u>                                                                                                                                                                                     |  | 7. Unit Agreement Name                                                                    |
| 3. Address of Operator:<br><u>P.O. Box 460, HOBBS, N.M. 88240</u>                                                                                                                                                              |  | 8. Form or Lease Name<br><u>Hawk B-3</u>                                                  |
| 4. Location of well<br>UNIT LETTER <u>B</u> FEET FROM THE _____ LINE AND _____ FEET FROM<br>THE _____ LINE, SECTION <u>3</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.                                                        |  | 9. Well No.<br><u>#15</u>                                                                 |
| 15. Elevation (Show whether DF, RT, CR, etc.)                                                                                                                                                                                  |  | 10. Field and Pool, or Wildcat<br><u>Bluerock Unit 460</u>                                |
| 12. County<br><u>LEA</u>                                                                                                                                                                                                       |  |                                                                                           |

|                                                                                                                                                                                         |                                                                                    |                                                                                                                                                                                                                         |                                                                                           |                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--|--|--|
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:                                                                                     |                                                                                    |                                                                                                                                                                                                                         |                                                                                           | SUBSEQUENT REPORT OF: |  |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PLUG OR ALTER CASING <input type="checkbox"/><br>OTHER _____ <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/><br>CASING TEST AND CEMENT JOB <input type="checkbox"/><br>OTHER <u>CSG - leak survey</u> <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/><br>PLUG AND ABANDONMENT <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 1703.



See ~~on~~ southside  
of wellhead  
Int: on southside  
of wellhead

CSG. leak survey performed on subject well. w/ valves being dug up & tagged at surface. Survey witnessed by For Contention

|                                                                                                           |                                        |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------|
| I, hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                        |
| SIGNED <u>David L. Luger</u>                                                                              | TITLE <u>ADMINISTRATIVE SUPERVISOR</u> |
| DATE <u>JUN 18 1934</u>                                                                                   |                                        |
| OIL & GAS INSPECTOR                                                                                       |                                        |
| APPROVED BY <u>Ronald C. [Signature]</u>                                                                  | TITLE _____                            |
| DATE <u>JUL 16 1934</u>                                                                                   |                                        |

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JUL 10 1984

U.S. DEPT. OF JUSTICE  
HOBBS OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other water injection

2. NAME OF OPERATOR  
CONOCO INC.

3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL & 1980' FEL  
AT TOP PROD. INTERVAL: ✓  
AT TOTAL DEPTH: ✓

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) Convert to water injection ☒

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

11-4-1983

NEW MEXICO  
MINERAL SERVICE  
HOBBS, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MIRU 1-6-83. Set pkr @ 5666'. Load backside w/10366lb pkr fluid. Acidize Blinebry perts w/7560 gals 15% HCL-NEFE. Avg press 1500 psi. Rig down. Pending connection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Putterly TITLE Administrative Supervisor DATE 1-13-83

APPROVED BY  
CONDITIONS OF

PETER W. CHESTER

SEP 29 1983

TITLE

DATE

RECEIVED  
OCT 3 1983  
O.C.D.  
HOBBS OFF