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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-1535

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, New Mexico 88240**
4. Location of Well: UNIT LETTER **V**, **330** FEET FROM THE **SOUTH** LINE AND **1650** FEET FROM THE **WEST** LINE, SECTION **1** TOWNSHIP **21-S** RANGE **36-E** NMPM.
7. Unit Agreement Name: **STATE F-1**
8. Farm or Lease Name: **STATE F-1**
9. Well No.: **10**
10. Field and Pool, or Wildcat: **HARRY DRINKARD/TUBB**
12. County: **LEA**

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 type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUS AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER OPEN ADD'L PAY <input checked="" 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 1504.

MIRU. CO TO 6599'. SPOT 5 BBLS 15% HCL-NE-FE 6402'-6522'. PERF w/1 JSPF @ 6402'-6522' (18 PERFS). SET PKR @ 6250'. ACID FRAC TUBB IN 2 EQUAL STAGES W/A TOTAL OF 90 BBLS GELLED FLUID PAD, 166 BBLS 15% HCL-NE-FE, 117 BBLS GELLED FLUID FLUSH, + 47 BBLS TFW FLUSH. SWAB. REL PKR. RUN PROD EQUIP. TEST.

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

SIGNED *John A. Dutton* TITLE Administrative Supervisor DATE 7/11/84

APPROVED BY JERRY SEXTON DISTRICT 1 SUPERVISOR TITLE _____ DATE JUL 13 1984

RECEIVED

JUL 12 1984

P.O.
HOTEL SERVICE