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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name STATE F-1
3. Address of Operator P. O. Box 460, Hobbs, New Mexico 88240	9. Well No. 10
4. Location of Well UNIT LETTER <u>V</u> <u>330</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>1</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat HARRY DRINKARD/TUBB
15. Elevation (Show whether DF, RT, GR, etc.)	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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>OPEN ADD'L PAY</u> <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 1502.

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 <u>John A. Dutton</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>7/11/84</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		DATE <u>JUL 13 1984</u>
APPROVED BY _____	TITLE _____	DATE _____

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JUL 12 1984

P.O.D.
HONOLULU OFFICE