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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 3002509081 00-
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
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.)			7. Lease Name or Unit Agreement Name South Eunice Unit
1. Type of Well: OIL OAS WELL X WELL	OTHER	<u></u>	
2. Name of Operator			8. Well Na.
Conoco Inc. 3. Address of Operator		~ ~ ~	9. Pool name or Wildcat
10 Desta Drive West	Midland, TX 79705		Eunice 7 Rvrs. Queen South
4. Well Location Unit LetterL :198	<u>30</u> Feet From The south	Line and 660	Feet From The West Line
Section 28 Township 22S Range 36E NMPM Lea County			
	10. Elevation (Show whethe	T DF, RKB, RT, GR, etc.)	
GR 3516'			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
		500	
	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON			
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	🛛
12. 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.			
It is proposed to clean out, open additional pay, and acidize this well to add reserves and maximize production by the following procedure:			
1. GIH w/bit, bailer, casing scraper, and workstring to clean out the wellbore			
down to 3738'. 2. Present perforations at 3620'-22', 3636'-43', 3695'-98', 3734'-38'.			
Reperforate at 3615'-24', 3633'-48', 3672'-74', 3686'-88', 3692'-3702',			
3708'-3714', 3722'-24', and 3730'-38' w/230 shots. 3. Acidize w/75 bbls 15% HCL-NE-FE.			
 Acidize W//5 4. Return well 			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	Ktoon .	me <u>Regulatory</u>	Coordinator DATE 10/15/90
TYPE OR PRINT NAME JETTY W.	Hoover	·	TELEPHONE NO.
(This space for State Use)	GNED BY JERRY SEXTON		OCT 1 7 1990
		me	DUIII 1 1330
CONDITIONS OF APPROVAL, IF ANY:	······································		

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CONDITIONS OF APPROVAL, IF ANY:



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