Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION P.O. Box 2088

Revised	1-1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 300250908300 5. Indicate Type of Lease STATE FEE		
				DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410
SUNDRY NOTI	CES AND REPORTS ON	WELLS		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED	OPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION FO -101) FOR SUCH PROPOSALS	EPEN OR PLUG BACK TO A OR PERMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS	Type of Well: OLL GAS Water Injection		South Eunice Unit	
2. Name of Operator	V.I.L.		8. Well No. 50	
	Conoco Inc.		9. Pool name or Wildcat	
3. Address of Operator 10 Desta Drive West,	Midland, TX 79705	(915) 686-6548		
4. Well Location Unit Letter M : 66	O Feet From The Sout	h Line and 660	Feet From The west Line	
20	າາຕ	Range 36E	NMPM Lea County	
Section 20		whether DF, RKB, RT, GR, etc.)		
	(////)	Notice of Notice	Parent or Other Data	
NOTICE OF IN		_		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN				
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ntions (Clearly state all pertinent d	etails, and give pertinent dates, in	cluding estimated date of starting any proposed	
It is proposed to re	e-perforate the curr	rent injection zon	es, to install a fiberglass	
liner to repair corr injector to injection	coded casing above to on by the following	the pay interval, procedure:	and to return this shut-in	
-				
 Clean out wellbor Re-perforate 3666 		hots		
3. Run and cement 3-	-1/2" fiberglass li	ner from 2954' to	3657' with 42 sx cement.	
4. Pump 450 sx cemer	nt into thief zone	below liner float	shoe.	
5. Clean out to TD a				
I hereby certify that the information above is t	rue and complete to the best of my know	viedge and belief.		
SIGNATURE JOHN ME	Hoove		ory Coordinator DATE 10-25-90	
d farmer M	. Hoover		TELEPHONE NO.	
TYPE OR PRINT MAME JETTY W				
(This space for State Use) ORIGINAL	BEOMAST BY JERRY SEXTON	ı	: i i '	
를 보고	Term correction	mle	DATE —	

APPROVED BY --