Cubmit 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 Santa Fe, New Mexico 87504-2088		WELL API NO. 300 2509088 00		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, 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 GAS WELL X WELL	OTHER				
2. Name of Operator Conoco Inc.			8. Well No. 46		
3. Address of Operator 10 Desta Drive West,	Midland, TX 79705		9. Pool name or Wildcat Eunice 7-Rvrs. Queen South		
4. Well Location Unit LetterJ :19	80_Feet From TheSouthLi	ne and1650	Feet From Theeast Line		
Section 28	Township 22S Range		IMPM Lea County		
	10. Elevation (Show whether DF, RKB, I GR 3500'	RI, GR, E IC.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		IAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING CASING TEST AND CEMENT JOB					
12. Describe Proposed or Completed Ope	rations (Clearly state all pertinent details, and give peri	tinent dates, includ	ing estimated date of starting any proposed		

work) SEE RULE 1103.

It is proposed to clean out, open additional pay, acidize and frac this well to maximize production and increase reserves as follows:

1. Clean out wellbore to 3805'.

- 2. Perforate additional 7-Rivers pay intervals 3634'-40', 3645'-49', 3653'-70' with 60 shots.
- 3. Acidize all 7-Rivers intervals with 100 bbls 15% HCL and sand frac with 50,000 # sand.
- 4. Perforate additional Queen pay interval 3775'-3800' with 36 shots.
- 5. Acidize new Queen pay with 30 bbls 15% HCL.
- 6. Return to production.

I hereby certify that the inform SIONATURE	ation above is true and complete to the best of my knowledge and belief. MANATORIAN TIME Regulatory Coordinate	or date <u>11-12-90</u>
TYPE OR PRINT NAME	Jerry W. Hoover	TELEPHONE NO.
(This space for State Use)		1930
APPROVED BY		DATE