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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-09109 ✓

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
B 2567

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
STATE A-32

1. Type of Well:
OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator
CONOCO INC.

8. Well No.
3

3. Address of Operator
10 Desta Drive STE 100W, Midland, TX 79705

9. Pool name or Wildcat
JALMAT YATES GAS

4. Well Location
Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 32 Township 22 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: C/O AND ACIDIZE			[XX]

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.

3-17-93 MIRU. POOH W/ TBG. GIH W/ 4 3/4" BIT, 2 3 1/2" D.C. TAGGED FILL @ 3332'.
ESTABLISH CIRC W/ STABLE FOAM CO TO 3450' (PBTD), POOH. RIH W/ PKR SET @ 3148'.
ACIDIZE PERFS W/ 1000 gal 15% NEFE HCL, POOH W/ PKR.
GIH W/ TBG TO 3365'.
3-22-93 RDMO. WELL RETURNED TO PRODUCTION

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

SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 4-8-93

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 12 1993

CONDITIONS OF APPROVAL, IF ANY: