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. 30-025-09380

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-1167

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: Langlie Lynn Queen Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Conoco Inc.

8. Well No. 1

3. Address of Operator: 10 Desta Drive West, Midland, TX 79705

9. Pool name or Wildcat: Langlie Mattix 7 Rvrs Qn-GB

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 22 Township 23S Range 36E 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: Convert to Injection	☒		

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.

1/15/90 POOH w/rods + pump. Ran GR-CCL-CBL from 3600' - 500'. Pressured up on csg to 500#. Reran CBL from 3600' - 500'. CBL showed good cement from 3600' to TOC (@ 2747'). CO from 3763' to 3782' (PBTD). Perf 7 Rvrs. Queen w/ 3 1/8" HSC, 4 jspf, 3634'-52' and 3682'-3766'. total 300 shots. Load backside, test to 500#. Held. Stimulate 7 Rvrs. Queen w/ 100 bbls 15% NE-FE-HCL, 2205# rock salt, 30 bbls 20#/HPG. Swabbed. Set PKr @ 3606'. Test Csg. to 500# for 15 min. Held. Put on injection 1/25/90.

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

SIGNATURE Ceal Yarbrough TITLE Sr. Analyst - Prod. DATE 6/15/90

TYPE OR PRINT NAME Ceal Yarbrough TELEPHONE NO. 915-686-5583

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: