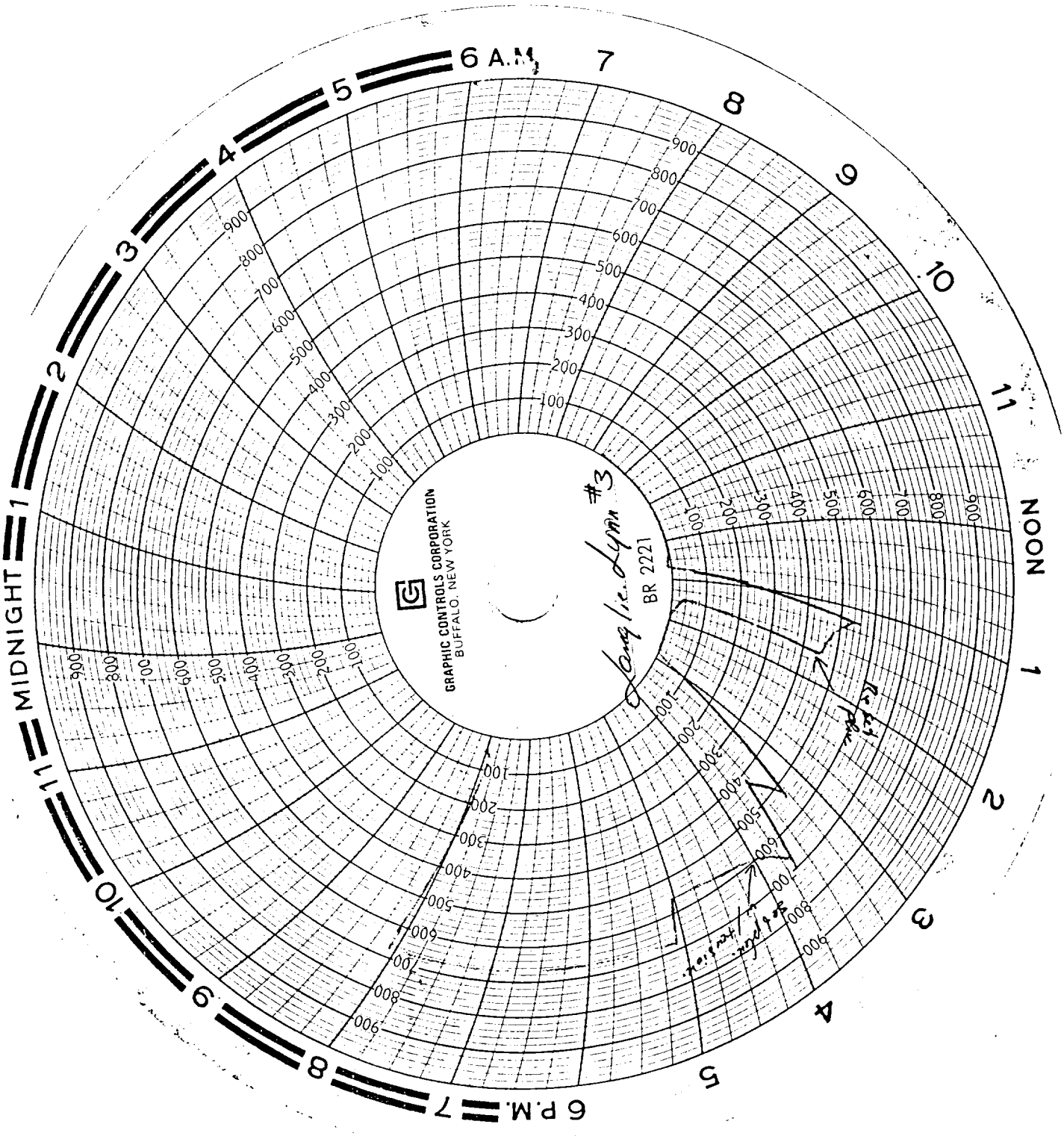
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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
#3
BR 2221

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-09388

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

6. State Oil & Gas Lease No. B-1506

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. #3

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

9. Pool name or Wildcat: Langlie Mattix 7 Rvrs. Queen

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 23 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: Clean-Out, add perfs + acidize [X]		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.

Clean-out fill. Pickle workstring & spot 4 Bbls 15% HCl-NE-FE acid. Perf. @ 3556-61, 3564, 3568, 3626-29, 3638-45. Set pkr. @ 3440'. Acidize w/120 Bbls 15% HCl-NE-FE acid. Shut in 2 hours. Swab. Return to injection

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

SIGNATURE W W Baker TITLE Administrative Supervisor DATE 11-9-89

TYPE OR PRINT NAME W W Baker TELEPHONE NO. 397-5800

(This space for State Use) Orig. Signed by Paul Kautz Geologist

APPROVED BY _____ TITLE _____ DATE NOV 17 1989

CONDITIONS OF APPROVAL, IF ANY: