

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. <u>30-025-20049</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>B-1167</u>
7. Lease Name or Unit Agreement Name <u>Langlee Lynn Queen Unit</u>
8. Well No. <u>#9</u>
9. Pool name or Wildcat <u>Langlee Mattie 7 Rivers Queen</u>

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.)

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

2. Name of Operator  
Conoco Inc.

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

4. Well Location  
Unit Letter P : 1660 Feet From The South Line and 330 Feet From The East Line

Section 22 Township 23S Range 36E NMPM

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3379' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Clean-out, Add Perfs, &amp; acidize</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

We propose to clean-out the well bore to TD, perforate 7-Rivers from 3517-24' w/2 TSPF, breakdown perfs w/acid and swab back load. Return to production.

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

SIGNATURE W.W. Baker TITLE Adm. Supervisor DATE 1-31-90

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 05 1990

**RECEIVED**

**FEB 2 1990**

**OCD  
HOBBS OFFICE**