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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator CONOCO INC.		8. Farm or Lease Name Cooper 8
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>24 S</u> RANGE <u>37 E</u> NMPM.		10. Field and Pool, or Wildcat Jalmat Gas
15. Elevation (Show whether DF, RT, GR, etc.)		12. County

16.

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

2/14/81 MIRU. Tbg stuck in hole. Backed off at 2732'. Washed over fish. Circulated cement and LCM to surface. Drld. cement from 3050'-3055'. Set pkr. at 2800'. Acidize Jalmat w/ 1260 gals. MCA and 1008 gals. HCL-NE-FE acid. Divert w/ benzoic acid and rock salt. Flush w/ 50 bbls morpho. Swabbed. Tested 2/22/81 No production.

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

SIGNED D. E. Bingham TITLE For Adm. Supervisor DATE October 22, 1981

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: