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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 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> N.M.P.M.	10. Field and Pool, or Wildcat Jalmat Gas
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1109.

MIRU. CO to 3055'. Set pkr. 2800.' Pmp total 54 bbls. 7½% MCA w/additives and 3% HF- 12% HCL with additives. Pmp total 50 bbls. clay-fix mixture. Divert w/ 50% rock salt & 50% Benzoic acid flakes. Swab back load. POOH. GIH w/ SOPMA, SN, tbg. SN at 3000'. Swab to production. Test.

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

SIGNED Wm. A. Dauterfried TITLE Administrative Supervisor DATE January 9, 1981

APPROVED BY Don L. Brown TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: