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

RECEIVED
AUG 20 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

C/SF

WELL API NO. 30-015-10340

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No. NM 3420

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 SALTWATER DISPOSAL

7. Lease Name or Unit Agreement Name: ~~MONSANTO~~ FOSTER SWD

2. Name of Operator: CONOCO INC

8. Well No. 1

3. Address of Operator: 10 Desta Drive STE 100W, Midland, TX 79705

9. Pool name or Wildcat

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 5 Township 20 S Range 25 E NMPM EDDY 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: CHANGE PACKER ☒	

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.

8-8-92 RIG UP. PULL PACKER.
GIH W/ NEW PACKER SET AT 10,213'AND REPLACE 1 JT TBG.
TEST CSG. JOHNIE ROBINSON FROM OCD WITHESSED THE TEST.
PLACED WELL BACK IN SERVICE ON 8-10-92.
THE PRESSURE DROPPED 20# IN 30 MIN. MR. ROBINSON STATED THAT THE WELL SHOULD BE MONITORED OVER THE NEXT SEVERAL MONTHS AND STATED THAT THE TEST WAS ACCEPTABLE.

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

SIGNATURE Bill R. Keathly TITLE SR REGULATORY SPEC. DATE 8-13-92

TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

For Record Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: