NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		2
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee.
OPERATOR		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. OIL GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Fam or Lease Name
Conoco Inc. 3, Address of Operator		Kulzy Wells
		9. Well No.
P.O. Box 460 - Hobbs, New Mexico 88240		/
l	700	10. Field and Pool, or Wildcat
UNIT LETTER	390 FEET FROM THE MATH LINE AND 1720 FEET FRO	on fildest Entrada
- 11 4 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN 9 TOWNSHIP 18N RANGE 10W NMP	
LINE, SECTION	N TOWNSHIP 700 RANGE 7000 NMP	(
	15. Elevation (Show whether DF, RT, GR. etc.)	12. County
		McKinley (
Check A	Appropriate Box To Indicate Nature of Notice, Report or C	Other Data
NOTICE OF IN		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	_
OTHER	OTHER	
17. Describe Proposed or Completed Op work) SEE RULE 1703.	erations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
Spot 70 sx cement	· olya Seam 4265'-4065', cement class	s "H" w/2% CaC/2.
Spot 70 sx cement plug from 4265'-4065', cement class "H" w/2% CaC/2. POOH 4 stds. Circulate & wait on cement. Tag plug w/5000#. POOH		
100H 1 Stds, Cucul	ate & wait on cement. Tag plug u	1/5000#, POOH
Spot 35 sx plug fi	om 2936-2836'. Spot 45 sx cement	plug from
1945'-1845'. Spot	10 SX plug at surface. Well PEA	on 10-27-87,
	D B B B B B B B B B B B B B B B B B B B	10 w 10 m
RECEIVED		
NOV 2 O 1987		
OIL CON. DIV.		
DIST. 3		
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Administrative Supervisor

DEPUTY OIL & GAS INSPECTOR, DIST. #3

G-26-88
SEP 24 1988

CONDITIONS OF APPROVAL, IF ANY: