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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 ☐ INDIAN ☐

5. State Oil & Gas Lease No.
Ticariilla Apache C-121

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Conoco Inc.	8. Farm or Lease Name AXI Apache N
3. Address of Operator Box 460, Hobbs, New Mexico 88240	9. Well No. 16 A
4. Location of Well UNIT LETTER <u>C</u> <u>1150</u> FEET FROM THE <u>N</u> LINE AND <u>1545</u> FEET FROM THE <u>W</u> LINE, SECTION <u>12</u> TOWNSHIP <u>25-N</u> RANGE <u>4-W</u> N.M.P.M.	10. Field and Pool, or Wildcat Blanco Mesa Verde
11. Elevation (Show whether DF, RT, GR, etc.)	12. County Rio Arriba

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"/>	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"/>	OTHER <input checked="" type="checkbox"/> Change of corporate name

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.

Continental Oil Company, a Delaware corporation, amended its Articles of Incorporation to change its corporate name to Conoco Inc., effective July 1, 1979.

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

SIGNED [Signature] TITLE Division Manager DATE 6-19-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: NMOC (5) Aztec CUE 11565-DUB (2)