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to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-045-29786
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E 5226
7. Lease Name or Unit Agreement Name	State G
8. Well No.	3E
9. Pool name or Wildcat	Dakota
10. Elevauon (Show whether DF, RKB, RT, GR, etc.)	5848' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> OTHER	2. Name of Operator Conoco Inc.
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500	4. Well Location Unit Letter <u>N</u> <u>790'</u> Feet From The <u>south</u> Line and <u>1665'</u> Feet From The <u>west</u> Line Section <u>32</u> Township <u>29N</u> Range <u>8W</u> NMPM <u>San Juan</u> County
10. Elevauon (Show whether DF, RKB, RT, GR, etc.) 5848' GR	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WOR <input type="checkbox"/>	REMEDIAL WOR <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASIN <input type="checkbox"/>
PULL OR ALTER CASIN <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Extension of time</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMEN <input type="checkbox"/>
	CASING TEST AND CEMENT JO <input type="checkbox"/>
	OTHER <input type="checkbox"/>

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.

This is a request to extend the approved APD for another 12 month period.

RECEIVED
OCT - 4 1999
OIL CON. DIV.
DIST. 3

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

SIGNATURE Jo Ann Johnson TITLE Jo Ann Johnson, Sr. Property Analyst DATE 9/29/99
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(this space for State Use)

ORIGINAL SIGNED BY ERNIE BUSCH

DEPUTY OIL & GAS INSPECTOR, DIST. 3

APPROVED BY _____ TITLE _____ DATE OCT 6 1999

CONITIONS OF APPROVAL, IF ANY: