

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.	30-045-30623
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unti Agreement Name	State Com N
8. Well No.	10F
9. Pool name or Wildcat	Basin Dakota

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Conoco Inc.
3. Address of Operator P. O. Box 2197, DU 3084 Houston TX 77252-2197
4. Well Location Unit Letter <u>N</u> : <u>1095</u> feet from the <u>South</u> line and <u>1915</u> feet from the <u>West</u> line Section <u>2</u> Township <u>29N</u> Range <u>8W</u> NMPM County <u>San Juan</u>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6248' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

This well was spud on 11/11/01 at 1:00 P.M.



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

SIGNATURE Yolanda Perez TITLE Sr. Regulatory Analyst DATE 11/12/2001

Type or print name Yolanda Perez

Telephone No. (281)293-1613

(This space for State use)

APPROVED BY CHARLIE T. PERPIN

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 26 2001

Conditions of approval, if any: