Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFTROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTOR OF THE STATE OF THE	_			
DISTRICT I	980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-045-28175	
.O. Bax 1980, 11000x, 1411 50240				
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	TATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease E 6348	No.
0111001/107	TOTO AND DEPORTS ON WE	1.0		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	TICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Ag	greement Name
. Type of Well: OIL GAS WELL X	OTHER		FC State Com	
Name of Operator			8. Well No.	
Conoco Inc.			22	
3. Address of Operator			9. Pool name or Wildcat	
3817 N. W. Expresswa	ay, Oklahoma City OK	73112	Basin Fruitla	nd Coal
4. Well Location				
Unit Letter G : 2	110 Feet From The North	Line and13	55 Feet From The _	East Line
Section 36	Township 29N R	ange 10W	NMPM San Ju	an County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	7///	
	5659' GR		<i>'\//</i>	
Chaple	Appropriate Box to Indicate	Nature of Notice E	Penort or Other Data	1
NOTICE OF IN	• • •		SEQUENT REPO	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS PLUG	AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	_
OTHER: Notice of Change	of Operator X	OTHER		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, c	and give pertinent dates, inci	uding estimated date of startiv	ng any proposed
Effective July 1, 1 operatorship of the Oklahoma City, OK	991, Mesa Operating Ltd subject well to Conoce 73112.	d. Partnership o Inc., 3817 N.	will transfer W. Expressway,	
				ECEIVE
Diago contact Conv	ra Baker (405) 948-3100	if you have ar	v questions	E E I A II
riease contact bony	a Baker (405) 540 5100	22) 50 114 5 41	.) dansarama# fi	HING S DOGS
				JUN21 1991
			171	L CON DIV
			N21	
				DIST. 1
		-a balind		
I hereby certify that the information above is t	true and complete to the best of my knowledge at			1. 17 91
SIGNATURE COLUMN	TICHLY,	mæ <u>Sr. Oil & G</u> a	s Assistant	DATE
Sicharona -				,
TYPE OR PRINT NAME Sonya Bake				ELEPHONE NO405-948-3
(This space for State Use)	1700	SUPERVISOR	DISTRICT + 5	JUN 211
S/gm	p. Java	mre		DATE
APPROVED BY	0			
	-			