Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to additionies	eigy, winking and		
	- GONGEDIATION	NOTITION	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-045-28189
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87	7504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B 10796-4
	AND DEDORTS ON WELL	S	
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.)		7. Lease Name or Unit Agreement Name	
		FC STATE COM	
1. Type of Well: OIL GAS WELL XX	CTHER		
WELL (8. Well No.	
2. Name of Operator			#29
CONOCO INC.			9. Pool name or Wildcat
3. Address of Operator	old base City OK 73	112	Basin Fruitland Coal
3817 NW Expressway	, Oklahoma City, OK 73	.1.3.2	
4. Well Location	h	Line and 9	30 Feet From The east Line
Unit Letter _H : _2235	_ Feet From The		30 Feet From The east Line NMPM San Juan County
Section 32	Township 30N Ran 10. Elevation (Show whether D	ige 10W OF, RKB, RT, GR, etc.)	NMPM San Juan County
	////\ 6020! CR		Report or Other Data
11. Check A	ppropriate Box to Indicate N	vanure of Notice,	BSEQUENT REPORT OF:
NOTICE OF INT	ENTION TO:	SU	BSEQUENT REPORT OF
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	,	COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND	. \square
PULL OR ALTER CASING		T .	1_ _ l
-TISD.		1	lling Permit Status
OTHER:		1 in part dates in	cluding estimated date of starting any proposed
			Desilling is not
Please cancel the anticipated at th	drilling permit for t is time.	the above well	. Diffing 13 not
		M E	

FEB1 0 1902

OIL CON. DIV. Dest. 3

ABANDONED LOCATION

(This space for State Use) Original Signed by FRANK T. CHAYEZ	SUPERVISOR DISTRICT # 3	FEB 1019)Û.
TYPEOR PRINT NAME Barbara J. Bale			_
SIGNATURE ————————————————————————————————————		TELEPHONE NO. 948-310)0_
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE SIGNATURE	e mod belief. Regulatory Affairs _ mnreSr. Oil & Gas Asst	DATE	
ADAINDOINED LOCA			

APPROVED BY -

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3 _ mle

CONDITIONS OF APPROVAL, IF ANY: