Submit 3 Copies 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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-08021

5. Indicate Type of Lease Fed. STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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: ~~Fullerton~~ Mitchell B

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator: Conoco Inc.

8. Well No. #4

3. Address of Operator: P.O. Box 460 - Hobbs NM 88240

9. Pool name or Wildcat: Fullerton G-SA

4. Well Location
Unit Letter H : 2080 Feet From The North Line and 660 Feet From The East Line

Section 18 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4014' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

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.

See attached wellbore diagram

10-6-89 Set CIBP @ 3654'. Load hole w/ 9 ppg mud. Spot 25 Sx Class C" cmt. TOC @ 3413'. Perf. @ 260' w/4 JSPF est. pump-in. rate. Pump 97 Sx Class C" cmt. Circ. to surface Set P+A marker.

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

SIGNATURE Maxine Simpson for W.W. Baker TITLE Administrative Supervisor DATE 10-27-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

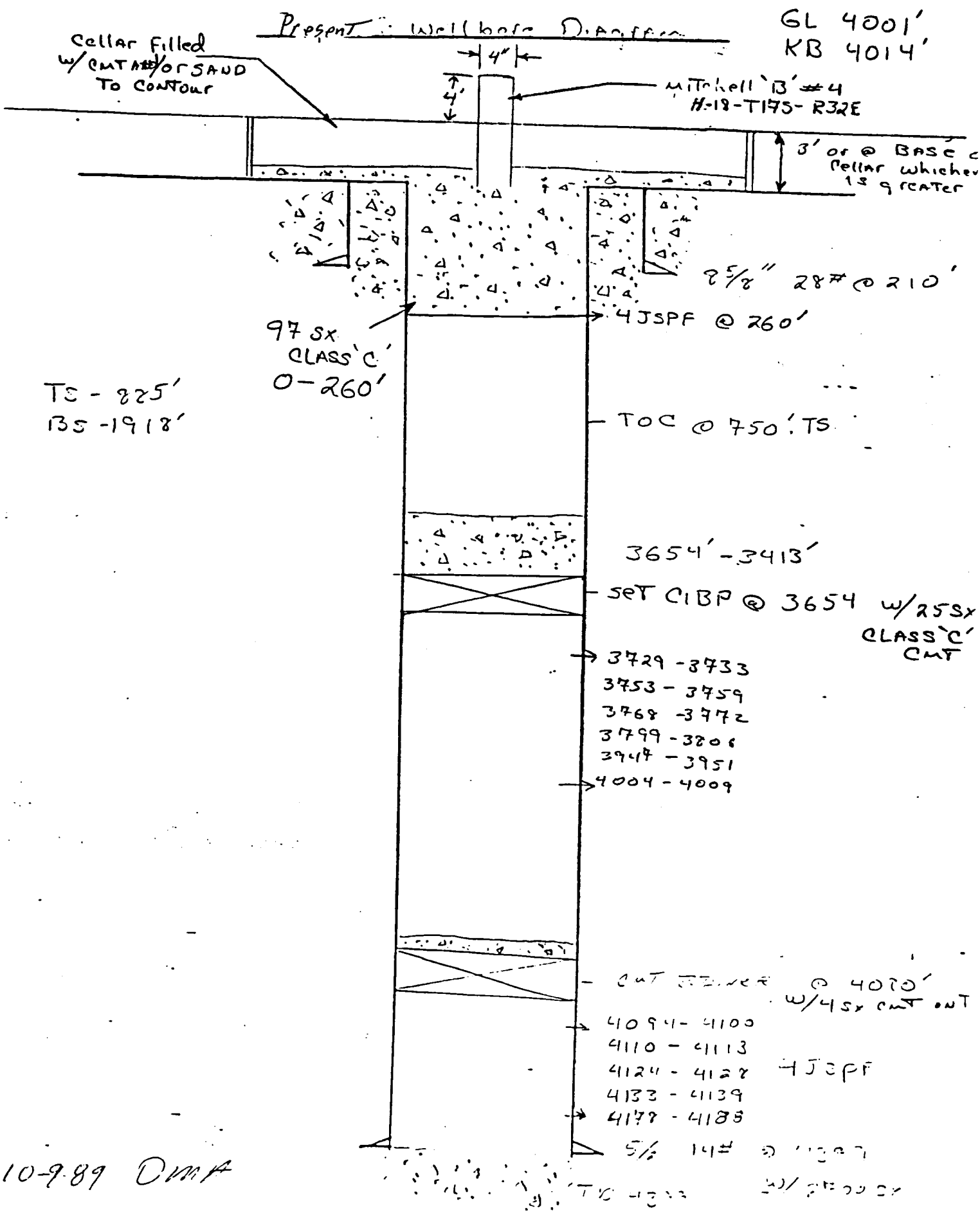
APPROVED BY TITLE DATE NOV 3 1989

CONDITIONS OF APPROVAL, IF ANY:

✓ ✓ ✓
12 K1 A

Mitchell "P" #1

Sec 18, T-17S, R-32.



10-9-89 DMA