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. 30-025-30516

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-1536

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: State E

1. Type of Well: OIL WELL [✓] GAS WELL [ ] OTHER

2. Name of Operator: Conoco Inc.

8. Well No. 14

3. Address of Operator: PO Box 460, Hobbs, NM 88240

9. Pool name or Wildcat: Langley Strawn

4. Well Location
Unit Letter P : 330 Feet From The South Line and 1660 Feet From The East Line

Section 17 Township 22 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3536' GL

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.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Cement Surface Casing	[X]		

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.

MIRU. Spud well at 9:00 pm on 1/23/89. Drilled to 1365'. Ran 29 jts, 13 3/8", K-55, 54.5 # csg. + set @ 1365'. Cmt w/ 1300 sxs, Class "C". Circ 280 sxs (84 bbls) to surface. WOC 20 1/2 hrs. Test 13 3/8" csg. to 500 # for 30 min. w/ no leaks.

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

SIGNATURE [signature] TITLE Administrative Supervisor DATE 1/30/89

TYPE OR PRINT NAME D. F. Finney TELEPHONE NO. 397-5825

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 01 1989

CONDITIONS OF APPROVAL, IF ANY: