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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 30-025-32530

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

6. State Oil & Gas Lease No. B-2656

7. Lease Name or Unit Agreement Name

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 [X] Gas Well [] OTHER

2. Name of Operator Conoco Inc.

3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500

4. Well Location Unit Letter E 2200 Feet From The North Line and 990 Feet From The West Line Section 36 Township 20S Range 37E NMPM Lea County

8. Well No. 7

9. Pool name or Wildcat N Hardy Wildcat Group 1 SA

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

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 [] OTHER []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER Request TA Status [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.

Conoco requests permission to Temporary Abandon the above referenced well.

CIT was run 10/22/99; see chart attached, witnessed by B. Hill.

11-8-2004

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

SIGNATURE Reesa Wilkes TITLE Sr. Staff Regulatory Assistant DATE 10/29/99

TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580

(this space for State Use)

ORIGINAL SIGNED BY

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Dist: OCO (3), SHEAR, PONCA. COST ASST, WELL FILE, FIELD

NOV - 8 1999

[Handwritten initials]