

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C193  
Revised 1-1-89

**DISTRICT I**

P. O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**DISTRICT II**

1000 Rio Brazos Rd., Aztec, NM 87410

<b>WELL API NO.</b>	30-025-35156
5. Indicate type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State 25 <i>A</i>
8. Well No.	5
9. Pool name or Wildcat	North Hardy Strawn

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr., Suite 649W, Midland, Texas 79705-4500
4. Well Location	Unit Letter <b>P</b> <b>695</b> Feet From The <b>south</b> Line and <b>795</b> Feet From The east Line Section <b>25</b> Township <b>20S</b> Range <b>37E</b> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3505' GR

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

**NOTICE OF INTENT TO:**

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING   
 OTHER: Change pool objective to a single zone

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
 CASING TEST AND CEMENT JOB   
 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.

Conoco proposes to move the location of the above mentioned well due to an existing powerline & abandoned well site located too close to the originally permitted well location.

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

SIGNATURE *Jo Ann Johnson* TITLE Sr. Property Analyst DATE 10/4/00  
 TYPE OR PRINT NAME Jo Ann Johnson TELEPHONE NO 915-686-5515

(this space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10 19 2000