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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

OIL CONSERVATION DIVISION

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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08367
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E5898-1
7. Lease Name or Unit Agreement Name	Bell Lake SWD
8. Well No.	7
9. Pool name or Wildcat	Pennsylvanian
10. Elevaoun (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> OTHER Water Disposal	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500	
4. Well Location Unit Letter A Feet From The Line and Feet From The Line Section 1 Township 24S Range 33E NMPM Lea County	
10. Elevaoun (Show whether DF, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WOR ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASIN ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WOR ☐ ALTERING CASIN ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMEN ☐
CASING TEST AND CEMENT JO ☐
OTHER Renew Temporary Abandon ☒

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.

2-25-98 Circulate packer fluid, test casing to 500# for 30 min, cut chart, copy attached.

Conoco desires to renew the Temporary Abandon status for the above well. This well is being held for possible reactivation as a Disposal Well.

This Approval of Temporary
Abandonment Expires 3/30/2003

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

SIGNATURE Bill R. Keathly TITLE Sr. Regulatory Specialist DATE 3-23-98
TYPE OR PRINT NAME Bill R. Keathly TELEPHONE NO. 915 686-5424

(this space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONITIONS OF APPROVAL, IF ANY:

JCSG

