

+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

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.	30-025-05615
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2656
7. Lease Name or Unit Agreement Name	State A-17
8. Well No.	6
9. Pool name or Wildcat	Eunice Monument G/SA

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 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 GB 660 Feet From The North Line and 1980 Feet From The East Line
Section 17 Township 19S Range 37E NMPM Lea County

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

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER _____ <input type="checkbox"/>

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.

This well was plugged and abandoned 1/21/00, per the attached documentation from Pool Company.

12. 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 03/22/00

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

(this space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 7-10-00

CONDITIONS OF APPROVAL, IF ANY

Distribution: OCD (3), SHEAR, PONCA, COST ASST, FIELD, WELL FILE