

+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 34207

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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 A-3

1. Type of Well:
Oil Well Gas Well OTHER

8. Well No.
3

2. Name of Operator
Conoco Inc.

9. Pool name or Wildcat
Skaggs Drinkard

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

4. Well Location
Unit Letter I 2310 Feet From The South Line and 990 Feet From The East Line
Section 3 Township 20S Range 37E NMPM Lea County

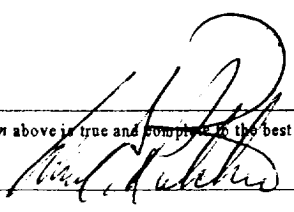
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3577

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: _____ <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.

12-18-97: Spud 12 1/4" hole.
12-19-97: Ran 1245' of 8 5/8", 23#, M50, ST & C casing, cemented with lead slurry of 315 sx, CI C + 6% gel + 2% CaCl2 + 1/4#/sk celloflake. Tailed with 200 sx CI C + 2% CaCl2, 66 sx circulated to surface, WOC, cut off & weld on head, pressured to 1500#, held.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE  TITLE Regulatory Agent DATE 1-7-98
TYPE OR PRINT NAME Ann E. Ritchie TELEPHONE NO. 915 684-6381

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

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 20 1998