State of New Mexico
Energ,, Minerals and Natural Resou.ces 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.
30-025-26005

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-1535

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, F-1

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

8. Well No. 8

2. Name of Operator
Conoco Inc.

3. Address of Operator
P.O. Box 460 — Hobbs, NM 88240

9. Pool name or Wildcat
Eumont Queen Gas

4. Well Location
Unit Letter R : 1980' Feet From The South Line and 1980' Feet From The East Line

Section 1   Township 21 S   Range 36 E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3495' KB

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: 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.

7-17-89   POH w/tbg. Make Scraper Run Set CIBP. Circ. pkr fluid.

7-19-89   WII w/4½" CIBP + 105 jts. 2-3/8" Tbg. Circ. 100 Bbls. packer fluid. Set CIBP @ 3151'. Test backside to 500 psi for 15 min. POH w/tbg.

Test chart is attached.

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

SIGNATURE _____ W. W. Baker TITLE Administrative Supervisor DATE July 28, 1989

TYPE OR PRINT NAME   TELEPHONE NO.

(This space for State Use)

AUG 2 1989

APPROVED BY_____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: