

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. <i>30-025-27427</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>L-990</i>

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name <i>West Knowles</i>
2. Name of Operator <i>Conoco Inc.</i>	8. Well No. <i>9</i>
3. Address of Operator <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. Pool name or Wildcat <i>Knowles Drinkard West</i>
4. Well Location Unit Letter <i>E</i> : <i>1980</i> Feet From The <i>north</i> Line and <i>660</i> Feet From The <i>west</i> Line Section <i>35</i> Township <i>16S</i> Range <i>37E</i> NMPM <i>Lea</i> County	10. Elevation (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"/>	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 type="checkbox"/>	
OTHER: <i>Csg Integrity Test</i> <input checked="" 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 temporarily shut-in, now it has been permanently shut-in. A csg integrity chart is attached.*

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

SIGNATURE *William W Baker* TITLE *Administrative Supervisor* DATE *8/9/89*

TYPE OR PRINT NAME *William W. Baker* TELEPHONE NO. *392-5800*

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
*Nmoco Hobbs (3) File*

**AUG 14 1989**