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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-015-10340

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

| 1. Type of Well: OIL WELL ☐   GAS WELL ☐   OTHER x SWD | Monsanto Foster |

2. Name of Operator
Conoco, Inc.

8. Well No.
1

3. Address of Operator
10 Desta Drive, Suite 100W, Midland, Texas 79705

9. Pool name or Wildcat
Devonian

4. Well Location

Unit Letter ___D___ : ___660___ Feet From The ___North___ Line and ___660___ Feet From The ___West___ Line

Section ___5___   Township 20S   Range 25E   NMPM Eddy   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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: _____ ☐		OTHER: _MIT_ ☒	

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.

9-25-95 – MIRU. POH w/tubing and packer. Change out packers. RIH w/ Baker inverted Lok-Set
packer and 3 1/2" tubing. Set packer at 10,123'. Pulled 10 pts. on packer. Circulate
72 bbls. cellulostic polymer packer fluid around annulus.
9-28-95 – Ran MIT on well. NMOCD present during test.

RECEIVED

DEC 05 1995

OIL CON. DIV.
DIST. 2

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

SIGNATURE _____   TITLE Regulatory Agent   DATE 11/28/95

TYPE OR PRINT NAME   Ann E. Ritchie

TELEPHONE NO. (915) 684-6381

(This space for State Use)

Wrong Form Fed Well

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: