

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E2943	

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. OIL <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Threshold Development Company ✓		Conoco 10 State Com
3. Address of Operator		9. Well No.
1100 Gihls Tower West, Midland, Texas 79701		1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM		Under Turkey Track Atoka
THE East LINE, SECTION 10 TOWNSHIP 19S RANGE 29E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3374.8' GR		Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

Reperforate

17. 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.

1. MI&RU. Ran Temperature Log 7-23-80.
2. Reperforate ~~interval~~ interval 10,776-10,790' w/1JSPF, total 14 shots.
3. RD & move off location 7-24-80.
4. Test well.

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

SIGNED O.V. Stuckey O.V. Stuckey TITLE Division Prod. Manager DATE 8/29/80

APPROVED BY W.A. Gressett SUPERVISOR, DISTRICT II DATE SEP 5 - 1980

CONDITIONS OF APPROVAL, IF ANY: