| _ | 0 411 | | C/ ½' | | |
|--|--|------------------------------|---|---|--|
| Submit 3 Copies to Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resources Department | | by | Form C-103 Revised 1-1-89 | |
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATION P.O. Box 208 | | WELL API NO. 30 - 015 - | 7.20/./ | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | | 5. Indicate Type of Leas | × | |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | | | 6. State Oil & Gas Leas E - 29 | | |
| 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 GAS WELL WELL X | Vell; GAS WELL X OTHER | | | CONOCO 10 STATE | |
| Name of Operator THRESHOLD DEVELOPMENT COMPANY | | | 8. Well No. | | |
| 3. Address of Operator 777 Taylor St., Soute II-D, Ft. Worth, TX 76102 4. Well Location | | | | 9. Pool name or Wildcal TURKEY TRACT (MORROW) | |
| | 80 Feet From The SOUTH | | _ | | |
| Section (O 11. Check NOTICE OF IN PERFORM REMEDIAL WORK X | 10. Elevation (Show whether 33 - Appropriate Box to Indicate) | 75 GR Naturě of Notice, F | BSEQUENT REP | | |
| EMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. PLU | G AND ABANDONMENT | |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB | | |
| OTHER: | | OTHER: | | | |
| work) SEE RULE 1103. - Open Lo - Estimate | rations (Clearly state all pertinent details, at wer Morrow pay, 15 ed Start date 15 2 | olate & SI | Atoka produ | | |
| ~ Procedure | attached | → △③ → RECE | 1999 23 THE STATE OF THE STATE | | |
| I hereby certify that the information above is to | rue and complete to the best of my knowledge and | I belief. | | 2/1/00 | |
| TYPE OR PRINT NAME A lan | T Dans | T. 1. C. | | TELEPHONE NO. 817 870 148 | |
| | T. Varis | | | ELEMENU. OTTOTOTO | |
| APPROVED BY DISTRICT II | IGNED BY TIM W. GUM SUPERVISOR | n.e | | DATE 2-8-99 | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | | |