			Clarie	i F
Submit 3 Copies To Appropriate District Office District I Enc	State of New Me ergy, Minerals and Natu	exico ral Resources	Form C	103
1625 N. French Dr., Hobbs, NM 87240 District II			Revised March 25. WELL API NO.	19 999
District III	OIL CONSERVATION 2040 South Pac	heco	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE	
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. 008553	
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 X	Other		CONOCO STATE	
2. Name of Operator			8. Well No.	
Kerr-McGee Oil & Gas Onshore 3. Address of Operator			22	
P.O. Box 809004 - Dallas, TX 75380-9004			9. Pool name or Wildcat	\neg
4. Well Location INDAIN BASIN (UPPER PENN)				
Unit Letter M: 800	feet from theNOR	TH line and	800 feet from the WEST	line
Section 2	Township 22S I	Range 23E	NMPM County EDDY	
10.)	Elevation (Show whether I	OR, RKB, RT, GR, etc	NMPM County EDDY	
Modern Color	3998	3' GI		
NOTICE OF INTENTION	oriate Box to Indicate	Nature of Notice, I	Report, or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			SEQUENT REPORT OF:	
TEMPORATION			☐ ALTERING CASING	
2141.00.41		COMMENCE DRILLING OPNS. PLUG AND		
COM	TIPLE	CASING TEST AND ABANDONMENT CEMENT JOB		
OTHER:		OTHER: Temporary	Abandonment	<u></u>
 Describe Proposed or Completed Opera of starting any proposed work). SEE Ri or recompilation. 	ations (Clearly state all		ve pertinent dates, including estimated date wellbore diagram of proposed completion	_X
On September 15, 2000 we reporte evaluation for recompletion.	ed this well has been	TA'd pending furt	her 1234567897077	\ > \
At that time we had not conducte The purpose of this sundry notic test was conducted on 10-31-00.	ed the required MIT. se is to advise that a The chart which rec	mechanical intego orded this test is	rity RECEIVED	Ĉ.
	No	V 2005		
		**		

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Devery Lakin TITLE Sr. Proration Analyst	DATE11-29-00
Type or print name Beverly Lakin (This space for State use)	Telephone No.
APPROVED BY Denny Juny Conditions of approval, if any: TITLE TELD REP	DATE 12-11-00

OTHER:

