Submit 3 Copies To Appropriate District	State of N	lew Mexico	0		Form C-103
Office District I	Energy, Minerals and Natural Resources			WELL ADIMO	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API NO.	30-039-27507
811 South First, Artesia, NM 87210 District III				5. Indicate Type of	Lease
1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			STATE	FEE
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Ga	s Lease No.
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ICES AND REPORTS OF SALS TO DRILL OR TO DEED CATION FOR PERMIT" (FORM	PÉÑOR PLU	IG BACKTO A	7. Lease Name or SAN JUAN 29-6	Unit Agreement Name UNIT
1. Type of Well: Oil Well Gas Well	X Other	m /	ازفية		
2. Name of Operator CONOCOP				8. Well No. 22M	
	X 2197 WL3 6108 ON TX 77252	* (C. 62)	515.85.57.55	Pool name or W BASIN DAKOTA	ildcat A & BLANCO MESAVERDE
4. Well Location		•			·
Unit Letter_J:	feet from the	SOUTH	line and <u>1820</u>	feet from	the <u>EAST</u> line
Section 12	Township 29 10. Elevation (Show v 6612		nge 6W RKB, RT, GR, etc.)	NMPM	County RIO ARRIBA
11. Check A	Appropriate Box to Inc	dicate Na	ture of Notice, R	Report or Other D	ata
NOTICE OF IN PERFORM REMEDIAL WORK	NTENTION TO:] PLUG AND ABANDON	N 🗆	SUB REMEDIAL WORK	SEQUENT REF	PORT OF: ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOBS	ID _	*
OTHER: DHC		X	OTHER:		· ·
12. Describe proposed or completed of starting and proposed work or recompletion. In reference to Order #R-11363 C	x). SEE RULE 1103. For I	Multiple C	ompletions: Attach	diagram of proposed	completion
Proposed perforations are: Blanco Mesaverde 5405 - 5985 Basin Dakota 7795 - 8055					
Allocation will be by test					
Commingling in this well will not	reduce the value of the re	maining pr	oduction.		
BLM has been notified of our inte	nt.				
In reference to Order #R-11187 in	iterest owners were not no	otified.			
\wedge /	11/1345	FAZ	_		
I hereby certify that the information	on above is true and comp	lete to the	best of my knowled	ge and belief.	
SIGNATURE CLOS	h J/kilveli	TITLE	REGULATORY AN	NALYST	DATE 10/30/2003
Type or print name DEBORAH M	1ABBERRY			Telep	phone No. (832)486-2326
(This space for State use)	1 111	DEP	UTY OIL & GAS INSI	Dr czes	NOV 1 3 2003
APPROVED BY Conditions of approval, if any:	Typy	TITLE_	a our 1421	TECTOR, DIST. 199	DATE