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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name <b>NMALCO II</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Entrada</b>
12. County <b>McKinley</b>

**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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>CONOCO INC.</b>
3. Address of Operator <b>P. O. Box 460, Hobbs, N.M. 88240</b>
4. Location of Well UNIT LETTER <b>M</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>11</b> TOWNSHIP <b>20 N</b> RANGE <b>12 W</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>spud, ran surface casing</b> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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 1703.

MIRU. Spud on 12/6/81. Ran 9 5/8", 36 #, K-55, STC csg set at 442'. Cemented w/ 220sx Class B neat cmt. Circulated 5 bbls. cmt. to surface.



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

SIGNED <u><b>Frank T. Chavez</b></u>	TITLE <u><b>Administrative Supervisor</b></u>	DATE <u><b>Dec. 8, 1981</b></u>
Original Signed by <b>FRANK T. CHAVEZ</b>	SUPERVISOR DISTRICT <b># 3</b>	DATE <u><b>DEC 9 1981</b></u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		