

Submit 3 copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-039-26930
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Conoco Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 2197, DU 3084 Houston TX 77252-2197		7. Lease Name or Unit Agreement Name San Juan 28-7 Unit
4. Well Location Unit Letter N 540 feet from the South line and 1485 feet from the West line Section 2 Township 27N Range 7W NMPM County Rio Arriba		8. Well No. 130F
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 6565' GR		9. Pool name or Wildcat Basin Dakota

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

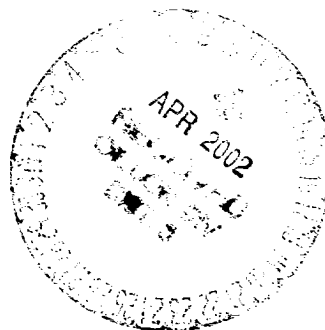
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

THIS WELL WAS SPUD ON 04/06/02 @ 4:30 AM.



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

SIGNATURE Yolanda Perez TITLE Sr. Regulatory Analyst DATE 04/08/2002

Type or print name Yolanda Perez

Telephone No. (281)293-1613

(This space for State use)

OFFICIAL SIGNED BY OFFICIAL T. PEREZ

DEPUTY OIL & GAS INSPECTOR, EMT. APR 11 2002

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: