Submit 3 Copies To Appropriate District Office	Beate of New Mexico			Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240 Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
District II			WELL AFT NO.	30-039-26987
811 South First, Artesia, NM 87210 District III 2040 South Pacheco		5. Indicate Type of I	æase	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		i	STATE	FEE
2040 South Pacheco, Santa Fe, NM 87505	Juliu 1 0, 1111 0 / 30	,,	6. State Oil & Gas	Lease No.
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.) 1. Type of Well: Oil Well Gas Well X	TION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	7. Lease Name or Un San Juan 28-7 Unit	nti Agreement Name
2. Name of Operator CONOCO, INC.			8. Well No. 261F	
3. Address of Operator P.O. BOX 2197 WL3 3044			9. Pool name or Wildcat	
HOUSTON TX 77252			Blanco Mesaverde / Basin Dakota	
4. Well Location				
Unit Letter K : 19	feet from the south	line and <u>1855</u>	feet from t	he <u>west</u> line
Section 5		ange 7W		County Rio Arriba
	 Elevation (Show whether DR 6761 	R, RKB RT, GR, etc.)		
	propriate Box to Indicate N	ature of Notice. R	eport or Other Dat	<u>機構を 5年(年)</u> a
NOTICE OF INTENTION TO: SUE			SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON [REMEDIAL WORK		ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		PLUG AND
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOBS		ABANDONMENT
OTHER: DHC	<u>X</u>	OTHER:		
12. Describe proposed or completed of starting and proposed work). So or recompletion. In reference to Order #R-11363 Cond.	SEE RULE 1103. For Multiple C	Completions: Attach d	iagram of proposed co	ompletion
Perforations are:				
Blanco Mesaverde 5168 - 5780				
Basin Dakota 7758 - 7940				•
Allocation will be by test			A COMME	.
Commingling in this well will not rec	luce the value of the remaining p	production.		AS ST
BLM has been notified of our intent.			5002	
In reference to Order #R-10476-B in	terest owners were not notified.		COLAINE	
14c898AZ			The Control of the Co	P
I hereby certify that the information	shove is true and complete to the	best of my knowledg	ge and belief.	
SIGNATURE SIGNAL	I properly TITLE	REGULATORY AN	IALYST	DATE <u>09/17/2002</u>
Type or print name DEBORAH MA	RBERRY /		Teleph	one No. (832)486-2326
(This space for State use)	TO THE SHARE STATE OF	PROF SEE SEE SEE	entro transport participation	BEF FIRM
APPROVED BY	TITLE		, , , , , , , , , , , , , , , , , , ,	DATE
Conditions of approval, if any:				