

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C103
Revised 1-1-89

DISTRICT I

P. O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 14 1999

OIL CON. DIV.
OCT 8

WELL API NO.	
30-045-29780	
5. Indicate type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
State	
8. Well No.	
4	
9. Pool name or Wildcat	
Dakota	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well	
Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	
Conoco Inc.	
3. Address of Operator	
10 Desta Dr., Suite 632W, Midland, Texas 79705-4500	
4. Well Location	
Unit Letter <u>B</u> <u>910</u> Feet From The <u>North</u> Line and <u>1590</u> Feet From The <u>East</u> Line	
Section <u>32</u> Township <u>29N</u> Range <u>8W</u> NMPM <u>San Juan</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
6093'	

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

NOTICE OF INTENT TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Extension of time</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This is a request to extend the approved APD for another 12 months.

Exp. 1-20-2001

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

SIGNATURE Jo Ann Johnson TITLE Sr. Property Analyst DATE October 8, 1999
TYPE OR PRINT NAME Jo Ann Johnson TELEPHONE NO. 915-686-5515

(this space for State Use)

ORIGINAL SIGNED BY _____

APPROVED BY _____ TITLE DEPUTY OIL & GAS INSPECTOR DATE NOV 1 1999