Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office	21.06),		Never 1.10	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	TRICT I OIL CONSERVATION DIVISION		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR P DIFFERENT RES (FORM	TICES AND REPORTS ON WEL ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PEI C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name State COM	
1. Type of Well: OIL GAS WELL WELL	X OTHER			
2. Name of Operator			8. Well No.	
Conoco Inc.			45	
3. Address of Operator	013.1 024 08 7011	10 /405)040 010	9. Pool name or Wildcat G. Turin Mounds Equitland PC	
3817 N.W. Expressway,	UKIANOMA CITY UK /31	12 (405)948-310	Q Twin Mounds Fruitland-PC	
4. Well Location Unit Letter I : 18	S50 Feet From The South	Line and119	PO Feet From The East Line	
Section 32		inge 14W	NMPM San Juan County	
	10. Elevation (Show whether	DF, RKB, RI, GR, etc.)		
11. Chec	k Appropriate Box to Indicate	Nature of Notice, R	Report, or Other Data	
	NTENTION TO:		BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. 🔛 PLUG AND ABANDONMENT 🗔	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
отнея: <u>Notice of Shut-i</u>	<u>n</u>	OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	verations (Clearly state all pertinent details, a	nd give pertinent dates, incl	uding estimated date of starting any proposed	
The referenced well	was shut-in on 10-01-91.			
		and the	Photo and the contraction	
			JAN21 1992	
		\sim	IL CON. DIV.	
		V	, DIST. 3	
			•	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. 0il & Gas Assistant DATE 1-16-91 (405)948-3100 TELEPHONE NO. Sonya Baker TYPE OR PRINT NAME (This space for State Use) JAN 2 1 1992 SUPERVISOR DISTRICT#3

Original Signed by FRANK T. CHAVEZ

CONDITIONS OF APPROVAL, IF ANY:

approved will be required 1-1-93