Submit 3 Copies to Appropriate

CONDITIONS OF AFTROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	_			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-045-27479	
STRICT II D. Drawer DD, Arlesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. E 5384-1	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS ON WEI OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit A	greement Name
1. Type of Well: OIL GAS WELL X	OTHER		FC State Con	n
2. Name of Operator			8. Well No.	
Conoco Inc.			1	
3. Address of Operator		······································	9. Pool name or Wildcat	,
3. Admess di Operado	W. Expressway, Oklahoma City OK 73112		Basin Fruitland Coal	
	iy, Oklanoma City Ck	73112	Dabin Francis	
4. Well Location Unit Letter G : 230	D5 Feet From The North	Line and 1460	Feet From The	East Line
Section 32	Township 31N R	ange 8W	NMPM San Ju	ian County
	'//////	DF, KKB, KI, GK, MC.)	<i>\///</i>	
\/////////////////////////////////////	6308' GR			
11. Check	Appropriate Box to Indicate	Nature of Notice, F	Report, or Other Dat	a
NOTICE OF IN	- · ·	I SUF	SEQUENT REPO	ORT OF:
NOTICE OF IN	TENTION TO.		JOEQUE!!! !!C! !	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUC	S AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER: Notice of Change	of Operator X	OTHER:		
12. Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pertinent details,	and give pertinent dates, inc	luding estimated date of stant	ng any proposed
Effective July 1, 1 operatorship of the Oklahoma City, OK	991, Mesa Operating Lt subject well to Conoc 73112.	d. Partnership o Inc., 3817 N.	will transfer W. Expressway,	
Please contact Sony	va Baker (405) 948-3100) if you have ar	ly question	ECEIVED
				JUN21/1991,
			U II	L CON. DIV DIST. 3
I hereby certify that the information above is	true and complete to the best of my knowledge a	and belief.		
SIONATURE COMO	took!	mme Sr. Oil & G	as Assistant	DATE 6-17-91
TYPEOR PRINT NAME Sonya Bak	er			TELEPHONE NO. 405-948-31
(This space for State Use)	7Q) /	ouprouces.	NOTDIČT # 3	JUN 2 1 1991
APTROVED BY	w. Jews	SUPERVISOR !	NOTKICL # 3	DATE