

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 0-045-27496
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-453-20

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name FC STATE COM
2. Name of Operator CONOCO INC.	8. Well No. 3
3. Address of Operator 3817 NW Expressway, Oklahoma City, OK 73112	9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location Unit Letter M : 970' Feet From The south Line and 1075' Feet From The west Line Section 36 Township 31N Range 9W NMPM San Juan County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5928' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

The Casing Pressure Test Was 1500 PSI For 30 Minutes
with No PSI Bleed-Off. - Test run on July 3rd in preparation
for completing the well.

RECEIVED
SEP 16 1991
OIL CON. DIV. I
DIST. 3

xc: Well File, MAB, BJB, Texaco

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

SIGNATURE Barbara J. Bale TITLE Sr. Oil & Gas Assistant DATE Sept. 11, 1991
(405)
TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. 948-3100

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY _____ TITLE _____ DATE SEP 16 1991

CONDITIONS OF APPROVAL, IF ANY: