+Submit 3 Copies to Appropriate District Office

> 1. Type of Well: OIL

2. Name of Operator

3. Address of Operator

Section

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

1/2" tbg set @ 2998'.

**TEMPORARILY ABANDON** 

PULL OR ALTER CASING

OTHER

Unit Letter M

4. Well Location

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT 11 P.O. Drawer DD, Artesia, NM 88210

DISTRICT 111 1000 Rio Brazos Rd., Aztec, NM 87410

WELL

CONOCO INC.

970

OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-045-27525 Santa Fe, New Mexico 87504-2088 S. Indicate Type of Lease STATE FEE 6. State Oil ,& Gas Lease No. E 5388-1 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 PERMI? (FORM C-101) FOR SUCH PROPOSALS.) FC STATE COM 8. Well No. 9. Pool name or Wildcat 10 DESTA DR. STE 100W, MIDLAND, TX. 79705-4500 BASIN FRUITLAND COAL (71629) Feet From The SOUTH Line and \_\_ 1235 Feet From The WEST Township Range 11W SAN JUAN **NMPM** County Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN CASING TEST AND CEMENT JOB **CLEAN OUT** OTHER 12. Describe Proposed or Cornpleted Operations (Clearly state all pertinent details, and give Pertinent dates, including estimated date of starting any proposed 10-18-96 MIRU Big A Rig 12. POOH w/ 1 1/2" tbg. GIH W/ Baker Spear & fished do-nut, POOH. GIH W/ production equipment, I

19-19-96 RDMO. Returned well to production

	Cleric (S)	
I hereby certify that the information above is true and complete to the test of my knowledge	and blief.	
SIGNATURE CONTROLLY	Sr. Regulatory Specialist	DATE 10-30-96
TYPE OR PRINT NAME Bill R. Keathly		TELEPHONE NO. 915-686-5424
This space for State Use)		
APPROVED BY Johnson	DEPUTY OIL & GAS INSPECTOR, DIST	#2_NOV 0 4 1796
CONDITIONS OF AFPROVAL, IF ANY:		— DATE —