Submit 3 Copies To Appropriate District			
Office Office	State of Nev	· · •	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and	Natural Resources	Revised March 25, 1999
District II		_	WELL API NO.
811 South First, Artesia, NM 88210	OIL CONSERVAT		30-045-30563 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South	-	STATE S FEE
District IV	Santa Fe, N	M 87505	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505		E 1 (0)	2
SUNDRY NOTI	CES AND REPORTS ON WI	~~ X~~ >	7. Cease Name or Unit Agreement
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OR TO DEEPEN (CATION FOR PERMIT" (FORM C-1	OR PLUG BACK TOUG 200	Varme:
PROPOSALS.)	(**************************************	The same of	D O
1. Type of Well: Oil Well Gas Well		C CLOCKD	MOORE LS
Oil Well Gas Well 2. Name of Operator	Other		0 5071121
CONOCO INC.			8. Well No.
3. Address of Operator		45 M C 1 1 1	4B 9. Pool name or Wildcat
P.O. BOX 2197, DU 3066 HC	USTON, TX 77252 Debra	Sittner 970-385-9100	BLANCO MESA VERDE
4. Well Location			DESTRUCTION VERDE
Unit Letter_O:800_feet from the SOUTH line and _1820_feet from the EAST line			
Section 23	Township 22N Dance 12	SV NEADNA CANTELLA	N. Carrier N. N. C.
Scotton 25	Township 32N Range 12 10. Elevation (Show wheth	er DR RKR RT CP at	N County, NM
6411' GL			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	- I	☐ ALTERING CASING ☐
			_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND	ABANDONMENT [
	COMPLETION	- I ·	
OTHER:	Г	1 OTHER	
		- - · · · - · · ·	
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. For Multiple Completions: Attach well bore diagram of proposed completion			
or recompilation.			
•			
05/07/2001 THIS WELL WAS SPUD AT 5:00PM.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE , , ,	() .	CE ACACESTERS	2010.00
A / / / / / / / / / / / / / / / / / / /	TITI	LE AS AGENT FOR O	CONOCO DATE 08/28/2001
Type or print name DEBRA SITT	NER dsittner@trigon-shee	ehan.com	Telephone No. 970-385-9100 x125
(This space for State, use)			
	OHAPLE T. PERTH	STATE OF SAS	INSPECTOR, E.S. JO AUG 3 0 2001
APPPROVED BY	TITL	.E	DATE
Conditions of approval, if any:			-