+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 S8240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT TI1
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-00567

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. b 2366-11

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.)

7. Lease Name or Unit Agreement Name: MCA Unit

1. Type of Well: Oil Well ☒ Gas Well ☐ OTHER

2. Name of Operator: Conoco Inc.

8. Well No. 11

3. Address of Operator: 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500

9. Pool name or Wildcat: Maljamar Grayburg San Andres

4. Well Location

Unit Letter O 660 Feet From The South Line and 1980 Feet From The East Line

Section 16 Township 17S Range 32E NMPM Lea County

10. Elevaуon (Show *whether DF, RKB. RT, GR, ctc.)* 4034 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER Temporary Abandon	☒		

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.

9-4-97 MIRU. GIH set CIBP at 3540'. Circulate packer fluid, test csg to 400# for 30 min, held. See attached MIT Chart. RDMO. This well is considered to be Temporary Abandon.

Conoco requests permission to Temporary Abandon the above listed well, while we evaluate the possible uphole recompletion.

This Approval of Temporary Abandonment Expires: 10-14-2007

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

SIGNATURE Bill R. Keathly TITLE Sr. Regulatory Specialist DATE 10-2-97

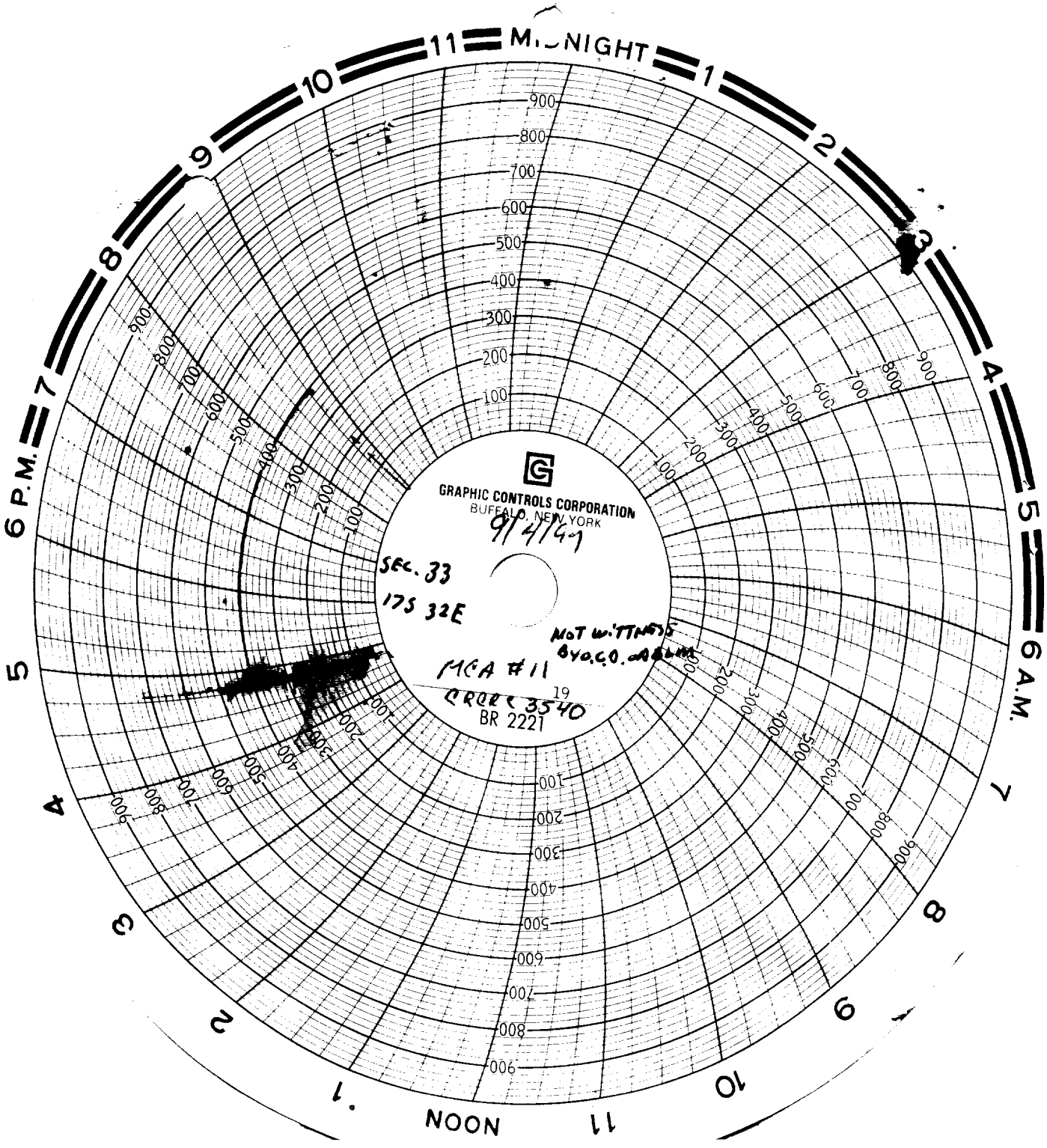
TYPE OR PRINT NAME Bill R. Keathly TELEPHONE NO. 915 686-5424

(this space *for* State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK TITLE DATE

CONITIONS OF APPROVAL, IF ANY:

JCJ SG


MIDNIGHT
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GRAPHIC CONTROLS CORPORATION
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CROCKETT 3540
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