

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. <u>30-025-0061</u>
5. Indicate Type of Lease <u>(Fed)</u> STATE ☐ FEE ☐
6. State Oil & Gas Lease No. <u>LC-029509A</u>

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 ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator Conoco Inc.

3. Address of Operator P.O. Box 460 - Hobbs, NM 88240

4. Well Location
Unit Letter L : 1980 Feet From The 5 Line and 660 Feet From The W Line
Section 21 Township 17S Range 32E NMPM Dea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Pull tubing, Change out wellhead</u> ☒

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.

12-7-89 POC H w/tubing & pkr. change out wellhead.
Replace tubing w/plastic coated, reseal packer at
3682'. Circ. pkr. fluid, Pressure test csg to 500#
for 15 min. See attached chart.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE W.W. Baker TITLE Administrative Supv. DATE 12-21-89
TYPE OR PRINT NAME W.W. Baker TELEPHONE NO. 7-5800

(This space for State Use)
FOR RECORD ONLY
APPROVED BY _____ TITLE _____ DATE **JAN 02 1990**
CONDITIONS OF APPROVAL, IF ANY:

