Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

WELL API NO.	
30-025-25021	
5. Indicate Type of Lease	IC-21
STATE	FEE X
6. State Cil & Gas Lease No.	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO.
	P.O. Box 2088		30-025-25021
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexa	co 8/304-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Chil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.) (FORM C	ICES AND REPORTS ON MOPOSALS TO DRILL OR TO DEER RVOIR. USE "APPLICATION FOR 1-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER		West Knowles
2. Name of Operator Conoco Inc.			8. Well No.
3. Address of Operator	00010	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wildcat
4. Well Location	s, New Mexico 88240	,	Knowles Drinkard West
Unit Letter F: 1880 Feet From The worth Line and 1880 Feet From The west Line			
Section 35	Township /65	Range 37 E	NMPM Lea County
Section 35 Township 65 Range 37 & NMPM Lea 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 INT	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	MPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	-/ /	CASING TEST AND CEMENT JOB	
OTHER: (sq elnteg	rety lest	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.			
This well was temporarily shut-in, now it has			
been permanently shut-in. a cog integrity chart us attached.			
go to			
as accorded.			
I hereby certify that the information above is true	e and complete to the best of my knowledge	and belief.	
SIGNATURE WILLIAM IN	JANY	mme _Administrativ	ve Supervisor DATE 8/9/89
TYPEOR PRINT NAME William W.	Baker		TELEPHONE NO. 392-5800

TITLE -

(This space for State ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY -

AUG 1 4 1989

- DATE -

CONDITIONS OF APPROVAL, IF ANY:

nmoco-Hobbs (3) File

RECEIVED

AUG 14 1989 OCD HOBBS OFFICE