

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>30-025-30668</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>West Knowles</u>
8. Well No. <u>#11</u>
9. Pool name or Wildcat <u>Und. Shipp Strawn</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3765' B.L.</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	2. Name of Operator <u>Conoco Inc.</u>
3. Address of Operator <u>P.O. Box 460</u>	4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>16S</u> Range <u>37E</u> NMPM <u>Lee</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3765' B.L.</u>	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Set intermediate casing ☒

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.

10-24-89 Run 116 fts. 8 5/8" 32# csg. to a depth of 4735'.
Cement w/1550 SXS. Class 'C' Lite, circulated 125 SXS.

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 Supervisor DATE 1-3-90
TYPE OR PRINT NAME W. W. Baker TELEPHONE NO. 397-5800

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JAN 09 1990

CONDITIONS OF APPROVAL, IF ANY: