Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-30792

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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: Houston

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 2

2. Name of Operator: CONOCO INC.

9. Pool name or Wildcat: North Shoebar Strawn

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

4. Well Location
Unit Letter C : 2085 Feet From The West Line and 555 Feet From The North Line

Section 18 Township 16S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3953.6

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: Spud & set surface 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.

Spudded 6:00AM 3/18/90. Set 13 3/8", 48#, H-40 STC @ 505'. Cemented w/400 sx Class "C" w/2% $CACL_2$. 125 sx cement returns. WOC 21 hours prior to testing casing. Tested 13 3/8" casing to 600 psi for 30 minutes. Held.

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

SIGNATURE H A Ingram TITLE Conservation Coordinator DATE 3/22/90

TYPE OR PRINT NAME H. A. Ingram TELEPHONE NO. 397-5820

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE APR 02 1990

CONDITIONS OF APPROVAL, IF ANY: