

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.

300252007900

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-3071

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

State 66-30

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Conoco, Inc.

8. Well No.

2

3. Address of Operator

10 Desta Drive Suite 100W Midland, TX 79705-4500

9. Pool name or Wildcat

Goodwin Abo

4. Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 30 Township 18S Range 37E NMPM Lea County

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

GR 3752'

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: ☐

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.

It is proposed to temporarily abandon this well as follows:

1. Set 4½" CIBP at 7150'. Set a packer at 7125' and pressure test CIBP at 500# for 30 minutes.
2. Set packer at 5100' and pressure test casing to 500# for 30 minutes.
3. Set CIBP at 5100'.
4. Pressure test casing to 500# for 30 minutes.

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

SIGNATURE

*Jerry W. Hoover*

TITLE

Regulatory Coordinator

DATE

3/14/90

(915)

TYPE OR PRINT NAME

Jerry W. Hoover

TELEPHONE NO. 686-6548

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: