## State of New Mexico Enf $_{\infty}$ , Minerals and Natural Pesource 3 Department

Form C 103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM S8240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-23048 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-2657 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name ( 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: Well State A-29 2. Name of Operator 8. Well No. Conoco Inc. 3. Address of Operator 9. Pool name or Wildcat Byers 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500 - Hobbs Upper Blinebry/Queen 4. Well Location Unit Letter K 2150 1800 Feet From The Line and West Feet From The Line Section 29 Township **18S** Range 38E **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: Temporary Abandon 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. 11/16/99 MIRU, make scraper run inside casing to 3652'. Set CIBP @ 3602' with 35' cement on top of plug. Circulate packer fluid and pressure test casing to 500#; held for 30 minutes (see chart attached). 11/17/99 RDMO; this well is considered temporarily abandoned. Further evaluation has indicated possible up-hole potential, we are requesting TA status until final determination can be made. 12. I hereby certify that the information above is trug and complete to the best of my knowledge and belief. Sr. Staff Regulatory Assistant 12/3/99 TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580 (this space for State Use) APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, PONCA, COST ASST, WELL FILE, FIELD

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