+Submit 3 Copies to Appropriate District Office	State of N Energy, Numerals and Nat		LUU	Form C 103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM S8240	OIL CONSERVA P.O. B	ox 208	8	WELL API NO. 30-025-23048		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	lexico 3	87504-2088	5. Indicate Type of Lease		
DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410				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.)				B-2657		
1. Type of Well: Oil Well Well Mell	OTHER			State A-29		
2. Name of Operator Conoco Inc.				8. Well No.		
3. Address of Operator				8 9. Pool name or Wildcat		
10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500				Hobbs Upper Blinebry		
4. Well Location						
Unit Letter <u>K</u> 2150	Feet From The S	outh	Line and 18	00 Feet From The West Line		
Section 29	Township 18S			NMPM Lea County		
10. Elevation (Show whether DF, RKB. RT, GR, etc.)						
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.		
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		
OTHER: Casing Integrity Test		\boxtimes	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 perform a Casing Integrity Test on this well in preparation for requesting temporary abandonment approval, per the attached recommendation and procedure.

When completed, a successful test will be submitted to request temporary abandon status.

This notice will over-ride a previous C-103 submitted by Pool Co. as Intent to Plug and Abandon, dated 4/14/99 (copy attached). Further evaluation has indicated possible up-hole potential; therefore, after testing we will be requesting TA status until final determination can be made.

12. I hereby certify that the information above is true and complete to the best of my known signature	owledge and belief Sr. Staff Regulatory Assistant	_ DATE08/10/99
TYPE OR PRINT NAME REESA R. Wilkes		TELEPHONE NO. 915/686-5580
(this space for State Use), APPROVED BT Harry W. Wink CONDITIONS OF APPROVAL, IF AND	GAF 7 W. WINK FIELD REFRESENTATIVE 12	DATE 8-12-99

V

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