Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II OIL CONSERVATION DIVISION 30-025-34936 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 BH 1535 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: State B-19 Oil Well 🔯 Gas Well Other 2. Name of Operator 8. Well No. #2 Conoco, Inc. 3. Address of Operator 9. Pool name or Wildcat Eumont Yates SR Qn 10 Desta Dr. Ste. 100W Midland, Tx 79705-4500 4. Well Location Unit Letter H 2275 feet from the North line and 1215 feet from the East line Section Township 18S Range **NMPM** 37E County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3472' GR 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 KX REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING** MULTIPLE \Box CASING TEST AND COMPLETION **CEMENT JOB** OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 1. Circulate hole full of gelled brine mud. 2. Spot 25 sxs cement plug 5160'-5410'. Set a C.I.B.P. at 3500'. Spot 25 sxs cement on top of C.I.B.P. 3. 4. Spot 25 sxs cement plug 1525'-1775'. 5. Spot 10 sxs cement surface plug. 6. Install dryhole marker and clear location. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE St. Staff Kea. SIGNATURE Telephone No. 9/5/1/86-5580 Type or print name (This space for State use) APPPROVED BY Conditions of approval, if any: DISTRICT I SUPERVISOR OCO B). SHEAR, PONCA, COST ASST, FILE ROOM