+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 S8240

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.		
30 025 34936		

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
BH 1535

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 B-19

1. Type of Well:
Oil Well ☒   Gas Well ☐   OTHER Injection

2. Name of Operator
Conoco Inc.

8. Well No.
2

3. Address of Operator
10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500

9. Pool name or Wildcat
Abo Wildcat

4. Well Location

Unit Letter __H__ 2275 Feet From The __North__ Line and __1215__ Feet From The __East__ Line

Section 19	Township 18S	Range 37E	NMPM	Lea	County

////////////////// 10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3742' //////////////////

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.

3-21-00: Spudded 12 1/4" hole, drilling.
3-23-00: Ran 1650.? of 8 5/8", 24#, J-55, STC casing, cemented with lead slurry of 580 sx 65:35:6 Cl C + 2% CaCl 2T, .25#/sx celloflake, tailed with 218 sx Cl C + 2% CaCl2. Waited on cement. Tested to 1000#. Cement circulated to surface.
3-24-00: Drilling.

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

SIGNATURE _____   TITLE Regulatory Agent   DATE 4-5-00

TYPE OR PRINT NAME Ann E. Ritchie   TELEPHONE NO. 915 684-6381

(this space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____   TITLE _____   DATE APR 13 2000

CONDITIONS OF APPROVAL, IF ANY:

CC: SHEAR, PONCA, COST ASST, FIELD, WTOR, WELL FILE