+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	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
P.O. Drawer DD, Artesia, NM 88210			30-025-34936 5. Indicate Type of Lease	
DISTRICT T11 T000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 25333	
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	
1. Type of Well: Oil Gas Well Well	OTHER		State B-19	
2. Name of Operator Conoco Inc.			8. Well No. #2	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500 4. Well Location			9. Pool name or Wildcat Goodwin-Abo	
Unit Letter <u>H</u> 2275	Feet From The North	Line and121	5 Feet From The East Line	
Section 19			IMPM Lea County	
10. Elevauon (Show whether DF, RKB. RT, GR, ctc.) 11. Selevauon (Show whether DF, RKB. RT, GR, ctc.) 11. Selevauon (Show whether DF, RKB. RT, GR, ctc.)				
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 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.

Sundry to P&A to just above the Bone Spring and T&A wellbore above Bone Spring.

1. RU Wireline and set CIBP at 5450'. Dump 25' of cement on top.

- 2. Flange up 2" valve to tubing head.
- 3. Test CIBP to 500 psig.

Plans are to evaluate the Eumont Pool and then test in 3rd quarter, 2000 if commercial potential is a possiblility based on log and offset production evaluation.

12. I hereby <i>certify</i> that the <i>inform</i>		and complete to the best of my knowl	edge and belief TITLE Regulatory Agent	$\underline{\text{DATE}} \underline{\text{May 16, 2000}}$
TYPE OR PRINT NAME	Jach	Maddy		(915) TELEPHONENO. 686 - 5798
(this space for State Use)		l · · · ·	Official COMED BY	
APPROVED BY			TITLE	DATE

CONITIONS OF APPROVAL, IF ANY:

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