State of Nev Me ico Form C 103 Energy, Minerals and Natural Resources Department District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM \$8240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 30-025-05614 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410 FEE 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement N (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: Oil Well State A-17 2. Name of Operator 8. Well No. Conoco inc. 3. Address of Operator 9. Pool name or Wildcat 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500 Eumont Yates 7 Rvrs Queen (Pro Gas) 4. Well Location 1980 Unit Letter G North Feet From The 1980 _ Line and Feet From The Line Section Township Range **NMPM** 37E County 10. Elevauon (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: 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: OTHER Request TA Status 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Conoco ran a Casing Integrity Test on this well on 7/16/99 in order to request Temporary Abandonment status; however, the casing valve was frozen shut, making the test invalid. An NMOCD witness came out and inspected the repairs and noted that the valve has appropriately been replaced and the test is now valid. OCD is in possession of the original chart. (see attached notations made by witness on a copy of the original) This well is ready to be Temporarily Abandoned upon approval. (Attached are copies of previous filings regarding this well that were never returned approved by the OCD.) This Approval of Temporary -29-2004 12. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Sr. Staff Regulatory Assistant SIGNATURE 10/29/99 TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580 (this space for State Use)

OCO(3), SHEAR PONCA, COST ASST, WELL FILE FIELD

APPROVED BY-

CONITIONS OF APPROVAL, IF ANY: