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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 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-05614
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2656
7. Lease Name or Unit Agreement Name	State A-17
8. Well No.	5
9. Pool name or Wildcat	Eumont Yates 7 Rvrs Queen (Pro Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.)

1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> OTHER
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500
4. Well Location	Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line Section 17 Township 19S Range 37E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test <input checked="" type="checkbox"/>

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.

7/16/99 MIRU circulate packer fluid, test casing at 500# for 30 minutes. Cut chart (see attached); however, the intermediate casing valve was froze shut, so the test is invalid.

The valve will be replaced and the well retested. Conoco will resubmit valid chart after new test is completed.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	Reesa Wilkes	TITLE	Sr. Staff Regulatory Assistant
TYPE OR PRINT NAME		Reesa R. Wilkes	DATE
			07/30/99
(this space for State Use)		TELEPHONE NO. 915/686-5580	

APPROVED BY	TITLE	DATE

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