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

P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.
30-025-05614

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
B-2656

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 A-17

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

8. Well No.
5

2. Name of Operator
Conoco Inc.

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

9. Pool name or Wildcat
Eumont Yates 7 Rivers Queen (Pro Gas)

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

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

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: ___Casing Integrity Test___ ☒

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.

It is proposed to perform a Casing Integrity Test on this well in preparation for requesting temporary abandonment approval, per the attached recommendation and procedure.

Conoco wishes to retain this wellbore for future additional pay in the Yates and Seven Rivers formations of the Eumont Pool. Shallow sand gas pay stringers have been proven productive by offset operators.

When completed, a successful pressure test will be submitted to request temporary abandon status.

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   DATE 07/13/99

TYPE OF PRINT NAME Reesa R. Wilkes

TELEPHONE NO. 915/686-5580

(this space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, Ponca, Cost Asst., Well File, Field