

+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 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.	30-025-26179
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-10233
7. Lease Name or Unit Agreement Name	
State KN-12	
8. Well No.	6
9. Pool name or Wildcat	Eumont/Yates/Seven Rivers/Queen

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 checked="" type="checkbox"/> Gas Well <input 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 <u>L</u> <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>19S</u> Range <u>36E</u> NMPM <u>Lea</u> County
10. Elevaon (Show whether DF, RKB, RT, GR, etc.)	

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 procedure.

When completed, the chart from the CIT will be submitted with request for TA status.

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

SIGNATURE Reesa Wilkes TITLE Regulatory Specialist DATE 5/25/01

TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580

(this space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONITIONS OF APPROVAL, IF ANY:

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

State KN 12 #6

Surface casing: 8-5/8" csg @ 1,468'

Production csg: 5-1/2" @ 4,104', TOC @ 750'

Open Perforations:

1. Set steel working pit. Flow well down as needed.
2. MIRU plugging equipment. NU BOP, POOH w/ production equipment.
3. RIH w/ gauge ring on sandline to within 100' of perforations, POOH.
4. RIH w/ tbq-set CIBP on workstring and set. Circulate hole w/ 90 bbls packer fluid.
5. Perform MIT to 300 psi w/ chart.
6. RDMO.