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تعلقها المحالة المان عبسات Energia and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF AFFROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

WELL API NO.

DISTRICT II	Santa Fe, New Mexi	20 87504-2088	30-025-26179	
P.O. Drawer DD, Artesia, NM 88210	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE (A) FEE 6. State Oil & Gas Lease No. B-10233	<u> </u>
SUNDRY NOTICE	ES AND REPORTS ON W	/FILS	1//////////////////////////////////////	7777
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERV	POSALS TO DRILL OR TO DEEP POIR. USE "APPLICATION FOR	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:	01) FOR SUCH PROPOSALS.)		4	
OF XX MAIT C	OTHER	Enject	STATE K.N. 12	
2 Name of Operator CONOCO INC. <005073>			8. Well No.	
3. Address of Operator	2 (1) (1) 2		9. Pool name or Wildcat	
10 Desta Drive Ste 100	W. Midland, TX 79	705	EUMONT YATES 7 RVRS QUEEN	
Unit Letter L : 1980	Feet From The SOUTH	Line and6	60 Feet From The WRST	Line
Section 12	Township 19 S	Range 36 E her DF, RKB, RT, GR, etc.)	NMPM LEA Cou	inty
	ppropriate Box to Indicat	e Nature of Notice, R	eport, or Other Data	2111
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMER	NT [
PULL OR ALTER CASING		CASING TEST AND CE	لسما	
OTHER:		OTHER: TEMPORAL	RY ABANDONMENT	_ 🔯
12. Describe Proposed or Completed Operation	ns (Clearly state all pertinent details	and give pertinent dates, inclu	ding estimated date of starting any proposed	
work) SEE RULE 1103.			, , , , , , , , , , , , , , , , , , , ,	
12-2-94 MIRU. POH ALL RAN 500# PRESSURE CHART CONOCO REQUESTS PERMISS WE PLAN A WORKOVER STUD	AND HELD FOR 30 MIN	NICOND THE CURTEON	H CIBP AND SET @ 3771. POH. -94. I WELL.	

		This Approval of Abandonment Expo	12-1-99 188	
I hereby certify that the information above is true as	complete to the first of my knowledge			
SIGNATURE OU STORE	no la	STAFF REGULAT	ORY ASSIS DATE 1-19-94	
TYPEORPRINT NAME PATRICK I	. JOHNSTON	······································	915-686-6551 TEZHOLEN	
(This space for State Use) ORIGIN	AL SIGNED BY JERRY SEXT	ON ³	1111 0 5 400	·
APTROVED BY	DISTRICT I SUPERVISOR	mus	- JAN 25 139	<u>U</u>