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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-32698

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.
B-1085 1 2

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 AC

1. Type of Well:
OIL WELL [ ] GAS WELL [XX] OTHER

2. Name of Operator
CONOCO INC. 005073

8. Well No.
7

3. Address of Operator
10 Desta Drive Ste 100 W, Midland, TX 79705

9. Pool name or Wildcat
EUMONT YATES 7 RVRS QUEEN GAS

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 860 Feet From The WEST Line

Section 30 Township 19 S Range 37 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3670'

11. 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: PRODUCTION CASING/RIG RELEASE [XX]	

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.

1-6-95. DRILLED 7 7/8 HOLE. DRILLED TO 3730'. RIH W/87 JTS OF 5 1/2, 15.5# K-55, 8RSTC. SHOE SET @ 3730'. COLLAR SET @ 3687'. LEAD SLURRY 600 SX OF BJ C-LITE, 5PPS SALT, .2%SMS TAIL SLURRY 350 SX OF CLASS C + 1.1% FLO-BLOC, .2% SMS. DISPLACED 88 BBLS OF FRESH WATER. CEMENT RETURNS OF 108 SX. BLUMPED PLUG @ 3:17 PM ON 1-5-95 W/2146 PSI. RELEASED RIG @ 7:00 PM ON 1-5-95.

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

SIGNATURE [signature] TITLE STAFF REGULATORY ASSIS DATE 1-9-94

TYPE OR PRINT NAME PATRICK D. JOHNSTON TELEPHONE NO. 915-686-6551

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 13 1995

CONDITIONS OF APPROVAL, IF ANY: