

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

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

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

WELL API NO.
30-025-06251

5. Indicate Type of Lease
Federal STATE FEE

6. State Oil & Gas Lease No.
LC-031620A

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
Samu Permian

1. Type of Well:
OIL WELL GAS WELL OTHER Injection

8. Well No. 35

2. Name of Operator
Conoco Inc

3. Address of Operator
10 Nesta Dr NE West Midland TX 79705

9. Pool name or Wildcat
Skaggs Grayburg

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The West Line
Section 24 Township 20 S Range 37 E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Injection status change <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.

This is to inform you that the referenced well was shut-in 11-15-89 due to engineering evaluation.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Nannette Nelson TITLE Oil Production Analyst DATE 9-24-90
TYPE OR PRINT NAME Nannette Nelson TELEPHONE NO. 915-686-6553

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: