

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.	30-025-06256	
5. Indicate Type of Lease	Federal ☐	STATE ☐ FEE ☐
6. State Oil & Gas Lease No.		

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 ☐ GAS WELL ☐ OTHER <u>Injection Well</u>	7. Lease Name or Unit Agreement Name <u>Semur Permian</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Well No. <u>14</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Pool name or Wildcat <u>Skaggs Grayburg</u>
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
10. Elevation (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: <u>Rule 202B-TA Well</u> ☐	

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.

A casing integrity test was run 6-27-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

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

SIGNATURE William W. Baker TITLE Administrative Supervisor DATE July 17, 1989
TYPE OR PRINT NAME William W. Baker TELEPHONE NO. 392-5800

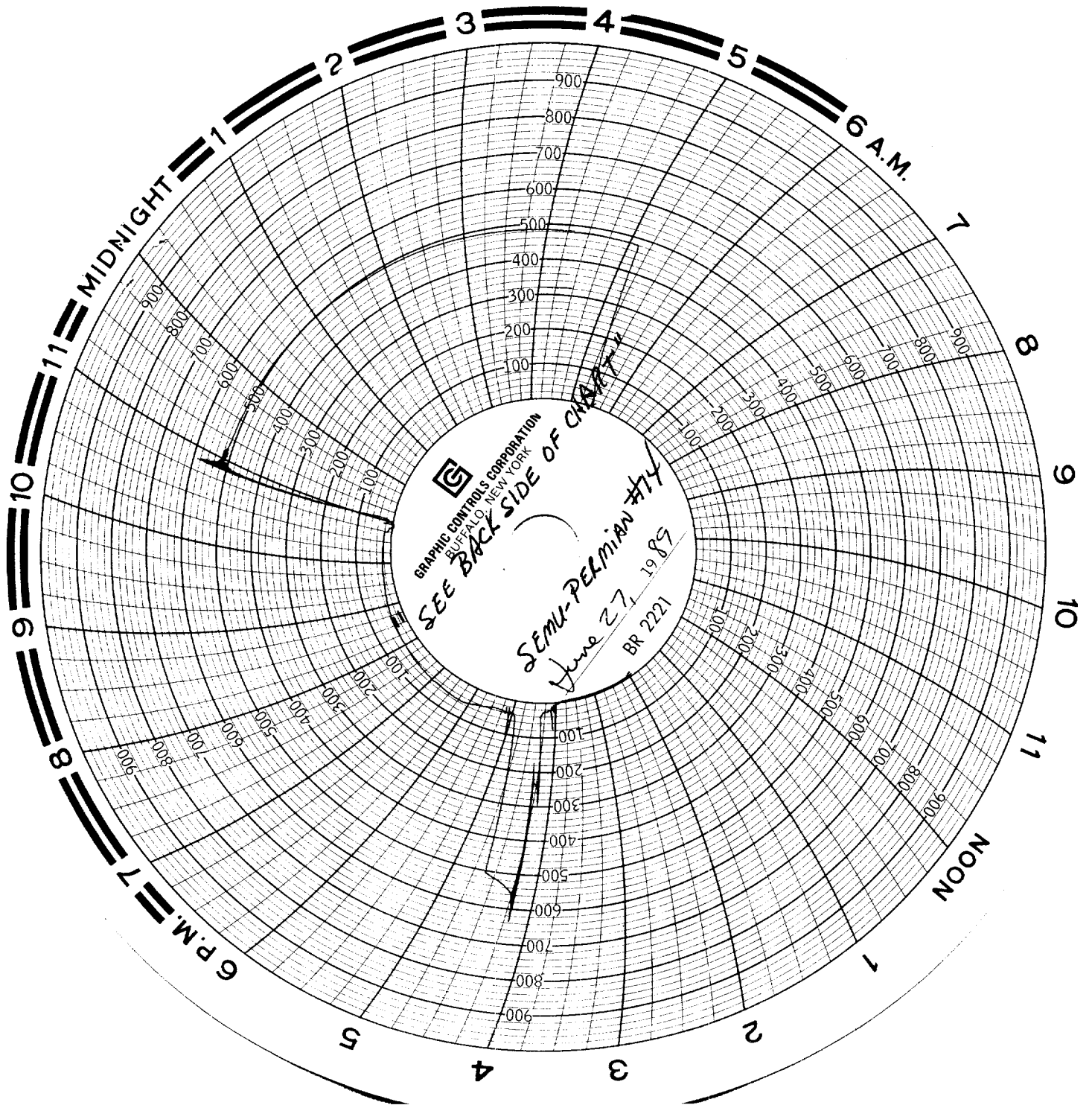
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

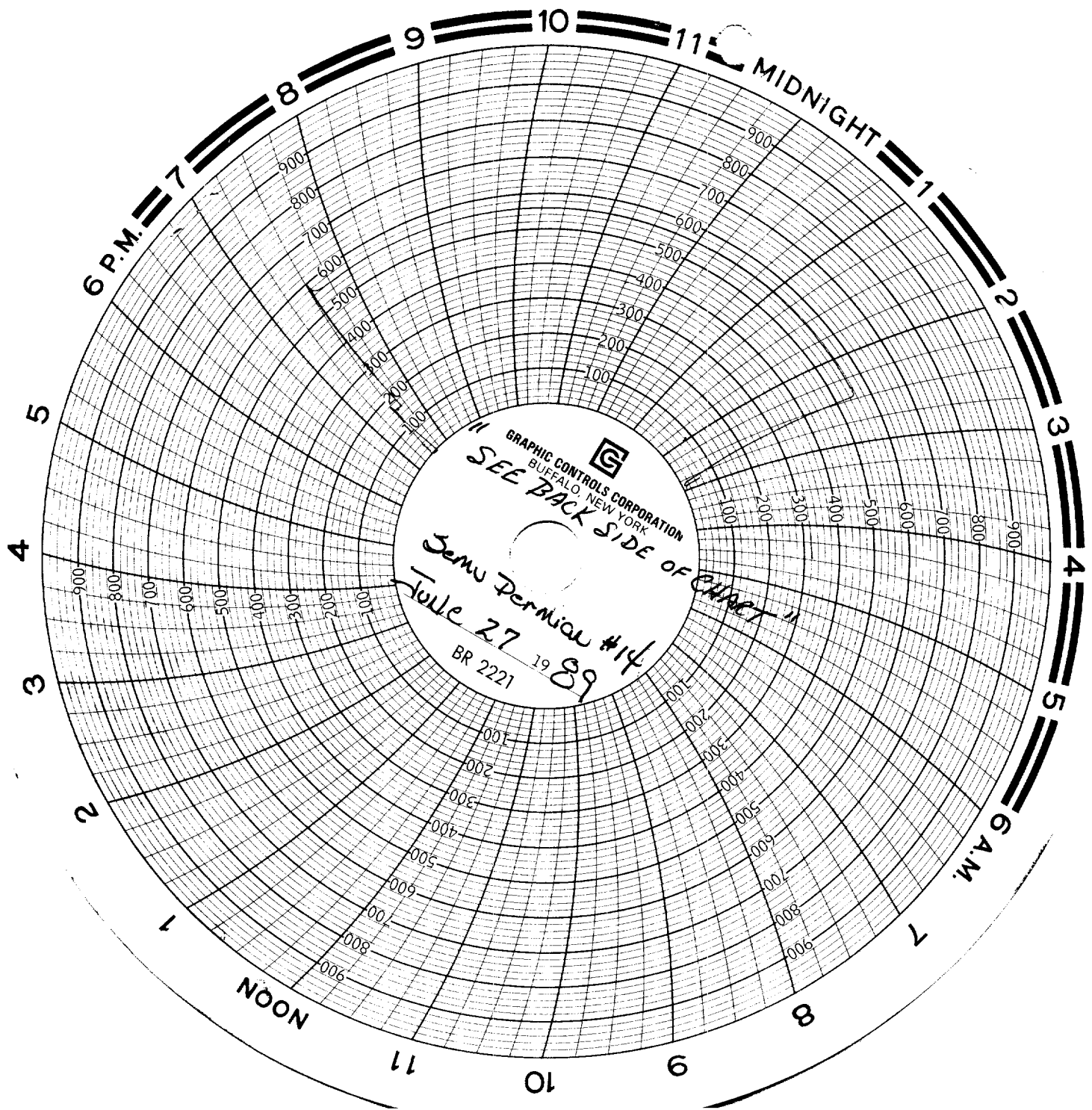
JUL 20 1989

Supervisor 3-1-90



Conced
SHEAR PRELIMINARY # 14
STAIN BRIDGE PLUG @ 1605'
TEST
TESTED BY AA OILFIELD SERVICES

RECEIVED
JUL 19 1989
OCS
HOBBS OFFICE



CONJUG
SENU PERMAN #14
TEST BRIDGE PLUG @ 3690'
PACKER @ 3680'
TESTED BY AA OILFIELD SERVICE

RECEIVED
JUL 19 1989
OCD
HOBBS OFFICE