

|              |  |  |
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| DISTRIBUTION |  |  |
| SANTA FE     |  |  |
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| OPERATOR     |  |  |

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☐ Fee ☐

5. 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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
CONOCO INC.

3. Address of Operator  
P.O. BOX 460, HOBBS, N.M. 88240

4. Location of Well  
UNIT LETTER R FEET FROM THE \_\_\_\_\_ LINE AND \_\_\_\_\_ FEET FROM  
THE \_\_\_\_\_ LINE, SECTION 25 TOWNSHIP 20 S RANGE 37 E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name  
SEMU Eumont

9. Well No.  
#54

10. Field and Pool, or Wildcat

12. County  
LEA

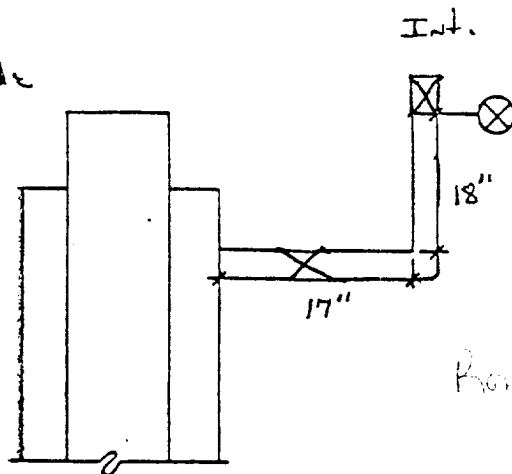
15. Elevation (Show whether DF, RT, GR, etc.)

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"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOB <input type="checkbox"/>               |                                               |
| OTHER _____                                    |                                           | OTHER <u>Csg. leak survey</u> <input checked="" type="checkbox"/> |                                               |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Int. on north side  
of well head



Csg. leak survey was  
performed on subject well  
w/ valves being dug up &  
tagged at surface. Survey  
was witnessed by  
Ron Castleberry w/ NMOC.

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

SIGNED Louis L. Lujan TITLE ADMINISTRATIVE SUPERVISOR DATE JUN 18 1984

APPROVED BY Ronald M. Castleberry TITLE OIL & GAS INSPECTOR DATE JUL 16 1984