

+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

P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.	30-025-08935
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1536
7. Lease Name or Unit Agreement Name	State E
8. Well No.	1
9. Pool name or Wildcat	Eunice Seven Rivers - Queen So.

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx 79705-4500	
4. Well Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line Section 17 Township 28S Range 36E 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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 well was plugged and abandoned 1/28/00, per the attached documentation from Pool Company.

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

SIGNATURE Reesa Wilkes TITLE Sr. Staff Regulatory Assistant DATE 03/22/00

TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580

(this space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 7-17-00

CONDITIONS OF APPROVAL, IF ANY:

Distribution: OCD (3), SHEAR, PONCA, COST ASST, FIELD, WELL FILE

Submit 3 Copies To Appropriate District ☐  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-10 ☐  
Revised March 25, 1999

WELL API NO. 30-025-08935
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1536
7. STATE-E
8 1
9. Pool name or Wildcat EUNICE 7RS-QN SO.

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other - Injection <input type="checkbox"/>	
2. Name of Operator Conoco Inc.	
3. Address of Operator 10 Desta Dr. Ste. 100w Midland, TX. 79705	
10. Well Location Unit Letter <u>P</u> <u>660'</u> feet from the <u>South</u> line and <u>660'</u> feet from the EAST Line Section <u>17</u> Township <u>22S</u> Range <u>36E</u> NMPM LEA County 10. Elevation (Show whether DR, RKB, RT, GR, ETC.) <u>3549' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> XXX OTHER: <input type="checkbox"/>

11. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- RIH w/ C.I.B.P. to 3600' Set cibp Spotted plug #1 25sx. cement from 3600' TO 3350'
- Circulated the hole w/ gelled brine mud.
- PERFORATED THE 5-1/2 CSG. AT 1550' SET CEMENT RETAINER AT 1325'
- SQUEEZED 25SX. CEMENT UNDER RETAINER.
- PERFORATED THE 5-1/2 CSG. AT 435' CIRC. 25SX. CEMENT THRU PERFS YO SURFACE.
- INSTALLED DRY HOLE MARKER CLEANED LOCATION.

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

SIGNATURE Ben Fisher TITLE : FIELD SUPERVISOR DATE 01/28/00

Type or print name: BEN FISHER  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval \_\_\_\_\_