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
NM-02508937 00

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

6. State Oil & Gas Lease No.
B-1536

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

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

State E

2. Name of Operator
Conoco Inc.

8. Well No.
3

3. Address of Operator
10 Desta Drive, Suite 100W   Midland, TX   79705-4500

9. Pool name or Wildcat
Eunice Seven Rivers Queen

4. Well Location

Unit Letter __D__ : __660__ Feet From The __North__ Line and __660__ Feet From The __West__ Line

Section 17   Township 22S   Range 36E   NMPM   Lea   County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3600'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [X]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

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.

See attached procedure.

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

SIGNATURE *Joseph A. Miller*   TITLE Engineer   DATE June 11, 1991

TYPE OR PRINT NAME Joseph A. Miller   TELEPHONE NO. 915-686-6540

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: