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## 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 S8240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-08938 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1536 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement ? ( 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 State E 2. Name of Operator 8. Well No. Conoco Inc. 3. Address of Operator 9. Pool name or Wildcat 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500 Jalmat Yates Gas 4. Well Location Unit Letter E 1980 North 660 Feet From The West Line and Feet From The Line Section Township **22S** Range NMPM 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: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON **REMEDIAL WORK** ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Casing Integrity Test / Request TA Status 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. 7/16/99 MIRU circulate packer fluid, test casing at 500# for 30 minutes, held, cut chart (see attached). Conoco is now requesting Temporary Abandon status for this well. Pois Approval of Papporary 12. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Sr. Staff Regulatory Assistant 07/30/99 TYPE OR PRINT NAME Reesa R. Wilkes TELEPHONE NO. 915/686-5580 (this space for State Lise) HIGHAL SIGNED BY CHRIR MULLIAME DISTRICT I SUPERA COR CONDITIONS OF APPROVAL, IF ANY

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

