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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 II
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08938
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.	4
9. Pool name or Wildcat	Jalmat Yates Gas
10. Elevaon (Show whether DF, RKB, RT, GR, etc.)	

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 type="checkbox"/> Gas Well <input checked="" 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 E 1980 Feet From The North Line and 660 Feet From The West Line Section 17 Township 22 S Range 36 E NMPM Lea County
10. Elevaon (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: Casing Integrity Test <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

It is proposed to perform a Casing Integrity Test on this well, per the attached recommendation.

When completed, a successful pressure test will be submitted.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Reesa Wilkes</u>	TITLE <u>Sr. Staff Regulatory Assistant</u> DATE <u>06/15/99</u>
TYPE OR PRINT NAME <u>Reesa R. Wilkes</u>	TELEPHONE NO. <u>915/686-5580</u>
ORIGINAL SIGNED BY <u>GARY WINK</u> (this space for State Use) FIELD REP. II	
APPROVED BY _____	TITLE _____ DATE <u>6-29-99</u>
CONDITIONS OF APPROVAL, IF ANY:	

IC

State E #4

30-025-08938

Recommendation for renewal of Temp. Abandonment

This well is currently Temporarily Abandoned. It is recommended that the well be renewed for Temporary Abandonment upon passing the following casing integrity test. Currently we are still evaluating further possible up-hole potential.

1. Circulate Casing with inhibited packer fluid.
2. Pressure test casing to 500# for 30 minutes. Give OCD 24 hrs notice prior to pressure test.