Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-~~85001~~ 08971

5. Indicate Type of Lease STATE ☐ FEE ☑

6. 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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: South Eunice Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Injection

8. Well No. 30

2. Name of Operator: Conoco Inc.

9. Pool name or Wildcat: Eunice 7 Rvrs. Queen So.

3. Address of Operator: P.O. Box 460 - Hobbs, NM 88240

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1650 Feet From The East Line
Section 21 Township 22S 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 ☐	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 ☐	
OTHER: ☐		OTHER: Note of Clarification ☒	

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.

The sundry submitted 8-22-89 incorrectly stated that this well was temporarily abandoned. Actually, the CIT chart attached was performed in conjunction with the workover to install a liner. Please note this error. This well was returned to injection.

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

SIGNATURE W W Baker TITLE Administrative Sup'v. DATE 2/5/90

TYPE OR PRINT NAME W. W. Baker TELEPHONE NO. 397-5800

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 08 1990

APPROVED BY ____ TITLE ____ DATE ____

CONDITIONS OF APPROVAL, IF ANY: