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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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT T11  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-08972
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Eunice Unit
8. Well No.	18
9. Pool name or Wildcat	Eunice 7 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 type="checkbox"/> Gas Well <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well
2. Name of Operator	Conoco Inc.
3. Address of Operator	10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500
4. Well Location	Unit Letter <u>K</u> <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>Lea</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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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 type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input checked="" type="checkbox"/> Request TA Status

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.

Conoco requests permission to Temporarily Abandon the above referenced well.

CIT was run 10/22/99; see chart attached, witnessed by B. Hill.

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>10/29/99</u>
TYPE OR PRINT NAME <u>Reesa R. Wilkes</u>	TELEPHONE NO. <u>915/686-5580</u>

(this space for State Use)	ORIGINAL SIGNED BY <u>GARY WINK</u>	NOV - 8 1999
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: <u>Dist: DCD(3), SHEAR, PONCA, COST ASST. WELL FILE, FIELD</u>		

