Submit 3 Copies 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

Santa Fe, New Mexico 87503

IN	WELL API NO.	
	30-025-08972	
	5. Indicate Type of Lease STATE	FEE X
	6 State Oil & Ger Lease No.	

1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease	No.			
SUNDRY NOTICES A (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. (FORM C-101) FO	7. Lease Name or Unit A	greement Name			
i. Type of Well: OR. GAS WELL WELL	onner Inject	ection South Eunice Unit			
2 Name of Operator CONOCO, Inc.	(915) 68	86-5400	8. Well No. 18		
3. Address of Operator 10 Desta Dr., Ste. 100	0 W., Midland,	TX 79705	9. Pool name or Wildcat		
4. Well Location Unit Letter K : 1980 Fee	r From The South	Line and1980			
Section 21 To	waship 22S Rai 10. Elevation (Show whether 3534 GR	nge 36E N DF, RKB, RT, GR, etc.)	NMPM	Lea County	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENT	2083	SEQUENT REPC	ORI OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON X		REMEDIAL WORK	ALTER	RING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMME			OPNS. PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB			
OTHER:	OTHER:				
10 D 3 D 40 C-10 10 - 10 - 16			ding antimoted data of stars	tine any recovered	

- 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.
 - Spot 50 sxs cement 2900-3300'.
 - Circulate hole with mud. 2.
 - Perforate at 1420'. Set cement retainer @ 1300' and squeeze 50 sxs cement.
 - Perforate at 400'. Circulate 80 sxs cement to surface. 4.
 - Install dry hole marker and clean location. 5.

I hereby certify that the information of the signature	ion about is problem complete to the best of my kn	owledge and belief. TITLE S. CONSERVA	Tion Coordinator DATE 11-6-96
TYPE OR TRUST NAME			TELEPHONE NO.
(Thus space for State Use) -			DATE (I, C Y a 194t)
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF	NY:		

