

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

OIL CONSERVATION DIVISION

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

P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.

30-025-08975

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Eunice Unit

8. Well No.

17

9. Pool name or Wildcat

Eunice 7 Rvrs, Qn, So.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil  
Well ☒

Gas  
Well ☐

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 L 1980 Feet From The South Line and 660 Feet From The West Line

Section 21 Township 22S Range 36E NMPM Lea County

10. Elevaon (Show whether DF, RKB, RT, GR, etc.)  
3540' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WOR ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASIN ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WOR ☐

ALTERING CASIN ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMEN ☐

CASING TEST AND CEMENT JO ☐

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.

1. Pull RBP.

2. Set a C.I.B.P. at 3610'.

3. Circulate hole with mud.

4. Spot 25 sxs cement on top of C.I.B.P. 3360 - 3610'.

5. Perforate 5 1/2" casing at 470'.

6. Circulate 125 sxs cement from 470' to surface

7. Cut off wellhead. Install dryhole marker. Clean location.

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

SIGNATURE

*Bill R. Keathly*

TITLE

Sr. Regulatory Specialist

DATE

1-18-99

TYPE OR PRINT NAME

Bill R. Keathly

TELEPHONE NO. 915 686-5424

(this space for State Use)

APPROVED BY

TITLE

DATE

CONITIONS OF APPROVAL, IF ANY:

IC

FEB 2 1999

✓ AD