

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 T11  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08977
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.	4
9. Pool name or Wildcat	Eunice 7 Rivers Queen, So.
10. Elevation (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 type="checkbox"/> OTHER 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 A 660 Feet From The North Line and 660 Feet From The East Line Section 21 Township 22S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Request TA Status <input checked="" 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.

Conoco requests permission to Temporary Abandon the above referenced well.

CIT was run 10/21/99; 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)	APPROVED BY <u>Harry W. Wink</u>	TITLE <u>STAFF REGULATORY ASSISTANT II</u>	DATE <u>NOV - 8 1999</u>
CONDITIONS OF APPROVAL, IF ANY:			

Dist: OCO (3). SHEAR, PONCA, COST ASST, WELL FILE, FIELD  
JC SGN

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CJP

