Submit 3 Copies 10 Appropriate District Office	State of New Me Energy, اسدود erais and Natural Re		Form C 103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM S8240 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. 30-025-08977 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	
I. Type of Well: Oil Gas Well Well	OTHER Injection	Well South Eunice Unit		
2. Name of Operator	······································		8. Well No.	
Conoco Inc.			4	
3. Address of Operator			9. Pool name or Wildcat	
10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500		Eunice 7 Rivers Queen, So.		
4. Well Location Unit Letter A 660	Feet From The North	Line and66	0 Feet From The East Line	
Section 21	Township 22S Ra	ange <u>36E</u> 1	NMPM Lea County	
10. Elevation (Show whether DF, RKB. RT, GR, etc.)				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS			
		CASING TEST AND CE	MENT JOB	
OTHER:		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.

It is proposed to perform a Casing Integrity Test on this well in preparation for requesting temporary abandonment approval, per the attached recommendation and procedure.

When completed, a successful pressure test will be submitted to request temporary abandon status.

12. I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE	se and belief. Sr. Staff Regulatory Assistant	06/23/99
TYPE OR PRINT NAME RCCSA R. Wilkes		TELEPHONE NO. 915/686-5580
(this space for State Use) CARE WILL A APPROVED BY HOUSE APPROVAL, IN ANY:	GARY W. WINK FIELD REPRESENTATIVE	II DATE 6-28-99
Distribution: OCD (3), SHEAR, Ponca, Cost Asst., Well Fi	le, Field	

South Eunice Unit #4 30-025-08977 Recommendation to Temp. Abandon

This well is currently inactive. It is recommended that the well be temporarily abandoned in order to evaluate possible up-hole potential.

- 1. Release packer, and POOH w/packer & tubing.
- 2. Make scraper run inside 7", 24# casing to 3634'
- Set Cast Iron Bridge Plug w/in 50' of end of csg @ 3584', spot 35' cmt on top of CIBP.
- 4. Circulate Casing with inhibited packer fluid.
- 5. Pressure test casing to 500# for 30 minutes. Give OCD 24 hrs notice prior to pressure test.