State of New Mexico Energy, Minerals and Natural Resources Department

Forsn C loo Revised 1-1-89

District Office		•		1001300 1-1-09	
DISTRICT I P.O. Box 1980, Hobbs, NM S8240	OIL CONSERVA		WELL API NO.		
20. 1,00, 10000, 1.1. 202,0	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-08978		
P.O. Drawer DD, Artesia, NM 88210	Santa I C, New Wic	XICO 8/304-2088	5. Indicate Type of Le	tase STATE STA	\boxtimes
DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le		
			-		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON POSALS TO DRILL OR TO DE RVOIR. USE •APPLICATION FO •101) FOR SUCH PROPOSALS	EPEN OR PLUG BACK TO A OR PERMIT	7. Lease Name or Unit	t Agreement Name	<i> </i>
1. Type of Well: Oil Well Well Well	OTHER	Injection Well		Eunice Unit	
2. Name of Operator	OTHER	injection wen	8. Well No.	Edifice Offic	
Conoco Inc. 3. Address of Operator				2	
10 Desta Dr. Ste 100W, Midlan	9. Pool name or Wildcat Euro CE Euront Yates 7 Rvrs Qn, So.				
4. Well Location Unit Letter C 660	Feet From The No	orth Line and 19	980 Feet From Th	e West	Line
Section 21	Township 22S	Range 36E		_	unty
	10 Flevauon (Show)	whether DF, RKB. RT, GR, ctc.)	TANIT IVI	///////////////////////////////////////	11111
<u> </u>		NI-4 CNI-4' I		<u> </u>	IIII
NOTICE OF INT	Appropriate Box to Indi		Report, or Other D		
	LIATION TO.	506	SEQUENT REF	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	L AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PL	UG AND ABANDONME	NT 🔙
PULL OR ALTER CASING CASING TEST AND CE			EMENT JOB		
OTHER:		OTHER_	Temporary Abar	ndon	
12. Describe Proposed or Completed Opworld) SEE RULE 1103.	erations (Clearly staate all pertinent	t details, and give pertinent dates, in	cluding estimated date of st	larting any proposed	
10-9-96 MIRU. GIH unseat packer, 10-10-96 RDMO.	POOH. GIH W? bit \$ scrap	per to 3599', POOH. GIH so	et CIBP @ 3600' W/	60' cement on top.	
1-29-97 RU test casing to 500# for 3	30 min, cut chart, see copy a	ttached.			
Conoco requests that this well be cor	ısidered as Temporary Abar	idon.			
			, .	. (
			7	24/30	
				2-1-200	
		This Approval	of Temporary	0 . 0	<u> </u>
		Dandonmen: Ex	23785 0	K-1-2000	ク
I I hereby certify that the information above is true	and complete to the best of my knowled	lge and belief.	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE LINK TOWN	Rly	TITLE Sr. Regulate	ory Specialist	DATE2-5-97	
TYPE OR PRINT NAME Bill R. Keathly				TELEPHONE NO. 915-686	5-5424
(this space for State Use) RIGINAL SIGNS	EN BY JERMY SEXTON			T3 11 19	7
APPROVED BY		— TITLE —		DATE	
CONITIONS OF APPROVAL, IF ANY:					