

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  
1000 Rio Brazos Rd., Aztec, NM 87410

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

|                              |                                                                                                                  |
|------------------------------|------------------------------------------------------------------------------------------------------------------|
| WELL API NO.                 | 30-025-08986                                                                                                     |
| 5. Indicate Type of Lease    | Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |                                                                                                                  |

|                                                                                                                                                                                                                        |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>                                                                                                         | 7. Lease Name or Unit Agreement Name<br><u>South Eunice Unit</u> |
| 2. Name of Operator<br><u>Conoco Inc.</u>                                                                                                                                                                              | 8. Well No.<br><u>#20</u>                                        |
| 3. Address of Operator<br><u>P.O. Box 460 - Hobbs, NM 88240</u>                                                                                                                                                        | 9. Pool name or Wildcat<br><u>Eunice 7 Arns. Queen So</u>        |
| 4. Well Location<br>Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>600</u> Feet From The <u>East</u> Line<br>Section <u>21</u> Township <u>22S</u> Range <u>36E</u> NMMPM <u>Lea</u> County |                                                                  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)                                                                                                                                                                     |                                                                  |

|                                                                               |                                                                         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                         |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                                   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                  |
| PLUG AND ABANDON <input type="checkbox"/>                                     | ALTERING CASING <input type="checkbox"/>                                |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>                        |
| CHANGE PLANS <input type="checkbox"/>                                         | PLUG AND ABANDONMENT <input type="checkbox"/>                           |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | CASING TEST AND CEMENT JOB <input type="checkbox"/>                     |
| OTHER: <input type="checkbox"/>                                               | OTHER: <u>Temporary Abandonment</u> <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.

Set Anderson 5 1/2" RBP @ 597'  
Pressured up to 500psi + held.  
See attached chart

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

SIGNATURE W.W. Baker TITLE Administrative Supervisor DATE 11-9-89  
TYPE OR PRINT NAME W.W. Baker TELEPHONE NO.

(This space for State Use)

Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 17 1989

See serial 1-10-90