+Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C 103 Revised 1-1-89

CONITIONS OF APPROVAL, IF ANY:

TOTSG

DISTRICT I P.O. Box 1980, Hobbs, NM S8240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	20.000
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-025-09001 5. Indicate Type of Lease	
DISTRICT TU			3. mareate Type of	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			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	
1. Type of Well:	TOTAL CONTINUE CONTEST,		1	
Well OTHER Injection Well			South Eunice Unit	
2. Name of Operator Conoco Inc.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
10 Desta Dr. Ste 100W, Midlan	Eunice 7 Rvrs Queen, So.			
Unit Letter D 660	Feet From The North	Line and 66	Feet From	The WEST Line
Section 22	Township 22S Ra	ange 36E	NMPM	Lea County
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Elevauon (Show whether	r DF, RKB. RT, GR, ctc.)		V/////////////////////////////////////
Check A	Appropriate Box to Indicate	Nature of Notice R	eport or Other	
NOTICE OF INT			SEQUENT R	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE		PLUG AND ABANDONMENT []
OTHER:		OTHER	Temporary A	bandon
 Describe Proposed or Completed Op work)SEE RULE 1103. 	erations (Gearly state all pertinent details	s, and give pertinent dates, inc	luding estimated date o	of starting any proposed
12-11-97 MIRU, POOH W/ product Copy of chart attached.	ion equipment. GIH set CIBP at	3560', circulate packer	fluid and test csg	to 560# for 30 min, held.
Conoco requests permission to temp	orary abandon this well, while we	e evaluate it for possible	e future use.	
		•		
	This france	est of Tomocrat	× /-/	
	Manda Jaga o	val of Temporar t Expires	1/5/20	103
12. I hereby <i>certify</i> that the <i>information</i> above is tru	e and complete to the best of my knowledge and	l belief		
SIGNATURE SignATURE	early 111	Sr. Regulato	r/ Specialist	DATE12-26-97
TYPE OR PRINT NAME Bill R. Keathly				TELEPHONE NO. 915 686-5424
(this space for Thierista', SIGNED BY	SHPIS WILLIAMS			
DISTRICE I SUP	ERVISOR			· 65
APPROVED BY	тіт	`LE		DATE