

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.	30-025-25836
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-9652
7. Lease Name or Unit Agreement Name	
WARREN MCKEE BRINE	
8. Well No.	1
9. Pool name or Wildcat	BSW: SALADO

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 ☐ GAS WELL ☐ OTHER ☒ BRINE EXTRACTION	
2. Name of Operator CONOCO INC. <005073>	
3. Address of Operator 10 Desta Drive Ste 100 W, Midland, TX 79705	
4. Well Location Unit Letter M : 710 Feet From The SOUTH Line and 420 Feet From The WEST Line Section 2 Township 20 S Range 38 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3581	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT 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.

3-13-95 MIRU. GIH W/ 9 5/8" CIBP SET @ 1425'. CIRCULATE MUD. SPOT 70 SX CEMENT FROM 1425' TO 1235'. PUH TO 300'. SPOT 50 SX CEMENT. PUH. TAG PLUG @ 110'. SPOT 15 SX CEMENT FROM 30' TO SURFACE. CUT OFF WELLHEAD AND INSTALL P&A MARKER.

3-14-95 RDMO. WELL IS PLUGGED.

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

SIGNATURE Bill R. Keathly TITLE SR. REGULATORY SPEC. DATE 4-12-95
TYPE OR PRINT NAME BILL R. KEATHLY TELEPHONE NO. 915-686-5424

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep. DATE 5-11-00
CONDITIONS OF APPROVAL, IF ANY: