to Appropriate

State of New Mexico +Submit 3 Copies Form C 103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM S8240 WELL API NO P.O. Box 2088 30-025-28409 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE | DISTRICT T11 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B 1536 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE •APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well State E W e11 2. Name of Operator 8. Well No. Conoco Inc. 12 3. Address of Operator 9. Pool name or Wildcat 10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500 Eunice 7 Rvrs Queen, So. 4. Well Location South 2310 2260 Unit Letter K Feet From The Feet From The Line and Line Section 17 Township **NMPM** Range County 10. Elevauon (Show whether DF, RKB. RT, GR, ctc.) 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 Temporary Abandon 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. 11-23-96 MIRU. GIH W/ 5 1/2" csg scraper to 3696', POOH. GIH set CIBP @ 3660' W/ 35' cmt on top. Circulate packer fluid. 11-15-96 RDMO. 12-19-97 MIRU circulate packer fluid and test csg to 520# for 30 min, held good, cut chart, copy attached.

This well is now temporary abandoned.

CONITIONS OF APPROVAL, IF ANY

This Approval of Temporal

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE	Sr. Regulatory Specialist	DATE 12-30-97
TYPE OR PRINT NAME Bill R. Keathly		TELEPHONE NO 915 686-542-
(this space for State Use)		
ORIGINAL CONT.		

CISA