+Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departmen

Form C 103 Revised 1-1-89

to Appropriate District Office	Energy, Minerals and Natural Resources Department			Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM S8240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
1.0. Don 1700, 110003, 1111 30270			30-025-28409 5. Indicate Type of Lease STATE FEE	
P.O. Drawer DD, Artesia, NM 88210				
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 DIFFERENT RESERVOIR. USE *APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or	Unit Agreement Name
I. Type of Well: Oil Well Well Gas Well]			C F
2. Name of Operator	OTHER		State E 8. Well No.	
Conoco Inc.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
10 Desta Dr. Ste 100W, Midland, Tx,, 79705-4500 Eur 4. Well Location				te 7 Rvrs Queen, So.
Unit Letter K 2260	Feet From The South	Line and23	Feet From	n The West Line
Section 17	Township 22S R	ange 36E	NMPM	Lea County
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	10. Elevauon (Show whethe	r DF, RKB. RT, GR, etc.)		///////////////////////////////////////
	Appropriate Box to Indicate	Nature of Notice, F	Report, or Othe	r Data
NOTICE OF IN	TENTION TO:	SUE	SEQUENT F	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:		OTHER		
12. Describe Proposed or Completed C work)SEE RULE 1103.	Operations (Clearly state all pertinent detail.	s, and give pertinent dates, in	cluding estimated date	of starting any proposed
It is proposed to temporarily abond	on this well by the following proc	edure:		
 Clean out to 3696' with bit and Set CIBP @ 3660'. Cicrulate packer fluid. Pressure test casing to 500 psi 	d casing scraper. for 30 minutes after 24 hour notice	e to OCD.		
12. I hereby certify that the information above is	true and complete to the best of my knowledge an	d belief.		
SIGNATURE SELECT A. SEL	willy TI		ory Specialist	DATE8-19-97
TYPE OR PRINT NAME Bill R. Keathly	~			TELEPHONE NO. 915 686-542-
(this space for State Use)	NED BY CHRIS WILLIAMS. IOT I SUPERVISOR			NOV 3 1997
APPROVED BY	HOLL DOLETANDO!!	T1 5		DATE