+Submit 3 Copies to Appropriate District Office

CONITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C 103 Revised 1-1-89

Energy

nerals and Natural Resources Department

<u>DISTRICT</u> I	OIL CONSERV.	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM S8240		Box 2088	30 025 32412	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New N	Mexico 87504-2088	5. Indicate Type of Lease STAT	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil& Gas Lease No. B 1534	
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: Coit Well Gas Well				
Well Well OTHER 2. Name of Operator			State J 2	
Conoco Inc.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
10 Desta Dr. Ste 100W, Midland	d, Tx., 79705-4500		Eumont Yates Seven	Rvrs (Pro Gas)
Unit Letter B 2 910	Feet From The	North Line and 19	80 Feet From The	East Line
Section 2	Township 22S	Range 36E	NMPM Lea	County
111111111111111111111111111111111111111		whether DF, RKB. RT, GR, etc.)	///////////////////////////////////////	
		licate Nature of Notice, R		<i></i>
NOTICE OF INT			SEQUENT REPORT	OE.
-	PLUG AND ABANDON	-	·	F
PERFORM REMEDIAL WORK		REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND	ABANDONMENT _
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER Set plug		>
12. Describe Proposed or Completed Ope	erations (Clearly state all pertine	int details, and give pertinent dates, inc	luding estimated date of starting any	proposed
10-28-97: MIRU, open up well, worke 10-29-97: Nipple down wellhead, nipp tubing, S.N. @ 3229', nipple down Bo load & test, hang well on, check pum	ple up BOP, kill well, TO OP, nipple up wellhead. R	OH w/tubing, RIH w/RBP, or	n/off tool, set plug @ 3400',	lay down 10 jts. ds, seat pump,
/				
)			
	1/			
I hereby certify that the information above to	and complete to the best of my knowl	edge and belief.		
SIGNATURE March Lules	ho	Regulatory Agent	DATE	1-15-98
TYPE OR PRINT NAME Ann E. Ritchie			TELEPHON	ie no. 915 684 - 6381
(this space for State Use)				
	entral transfer as and	4.4 3		en e
APPROVED BY		TITLE	DATE	

