+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 S8240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	OIL CONSERVATIO P.O. Box 20 Santa Fe, New Mexico)88	WELL API NO. 30 025 32412 5. Indicate Type of Lease STATE FEE	
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	
Oil Gas Well X	OTHER		State J 2	
2. Name of Operator CONOCO Inc.			8. Well No. 14	
3. Address of Operator 10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500 4. Well Location			9. Pool name or Wildcat Eumont Yates Seven Rivers (Pro Gas)	
/	Feet From The North	Line and 198	0 Feet From The East Line	
Section 02 Township 22S Range 36E NMPM Lea County				
10. Elevation (Show whether DF, RKB. RT, GR, etc.) 111111111111111111111111111111111111				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CEM		
OTHER:		OTHER Casing integrity	rest linudial work X	

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.

9-24-97: Rigged up unit, unseated pump & POOH. Killed well, POOH w/tubing from 2318', RIH w/ ret-head to above perfs, SION. 9-25-97: Circulate sand, latch on to plug & pull out of hole. Shut well in overnight.

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9-26-97: RIH w/ tubing to 3529', ran in hole with pump & rods, seat pump and space out well, putjack on production.

I hereby certify that the information about is much the spinplete to the best of my knowl	edge and belief.	
SIGNATURE	TITLE Regulatory Agent	DATE12-29-97
TYPE OR PRINT NAME Ann E. Ritchie		TELEPHONE NO. 915 684-6381
(this space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS APPROVED BYDISTRICT I SUPERVISOR CONITIONS OF APPROVAL, IF ANY:	TITLE	DATE

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